

# Human Resources Policy Manual

Version 4 (published 2021)

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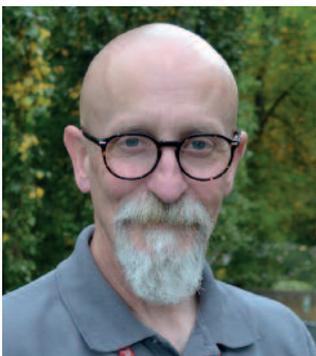
# Introduction

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**Jonathan Higman**  
Chief Executive

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**Steve Grundy**  
Staff Side Chair

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**Welcome to Version 4 of the Yeovil Hospital Human Resources Policy Manual, which has been updated for 2021 to reflect a “Just and Learning Culture”.**

We have developed this manual in partnership and hope it is:

- clear, simple and fair
- clear about what is expected of you
- clear about how you will be managed.

We recognise that Yeovil Hospital will only be a successful organisation if we attract and retain skilled, highly motivated people who share our values.

We want you to love coming to work, feel valued and encouraged to do your best.

We hope you find this manual useful.







# Adoption leave

## 1 What this policy covers

**If you are adopting a child, you are entitled to adoption leave. This policy provides an overview of your leave entitlement and qualifying conditions, how to apply and how your pay, terms and conditions are affected during your leave.**

## 2 Principles

- In recognising the responsibilities and needs of adoptive parents, regardless of their gender identity, YDH wants to enable employees who are adopting a child to enjoy similar benefits to those on maternity leave.
- Where a couple adopts a child, only one parent can take adoption leave. The other parent may be able to take paternity leave or shared parental leave.
- This policy does not apply if a child is not newly matched for adoption (eg when a step parent is adopting a partner's child or children) or where there is already an established relationship with the child (eg if the child or children have already been fostered prior to their adoption).

## 3 Responsibilities

- The YDH Board of Directors will ensure that this policy is applied fairly and equally, so that it does not discriminate.
- Managers are responsible for actioning adoption leave requests in accordance with this policy.
- The HR and Payroll departments will advise on applying this policy.
- Employees wishing to apply for adoption leave should use the procedure outlined in this policy.

## 4 Policy in practice

### 4.1 Entitlements

All employees, including those on bank contracts, regardless of gender identity, are entitled to 52 weeks' adoption leave. Only one period of adoption leave can be taken, irrespective of whether more than one child is placed for adoption as part of the same arrangement. There is no limit to the number of periods of adoption leave that you may take during your employment.

### 4.2 Eligibility

While all employees, including those on bank contracts, are entitled to 52 weeks' adoption leave, certain conditions apply to some staff:

#### a) Fixed-term contracts

Employees on fixed-term contracts are entitled to 52 weeks' adoption leave, providing their fixed-term contract expires after the week in which they are informed of the match (for this purpose, weeks run Sunday to Saturday).

Employees whose fixed-term contract expires after the week they are informed of the match and who have more than 26 weeks' continuous service will have their contract extended to enable them to receive their entitlement of 52 weeks' adoption leave. Such employees will not have any entitlement to a role within YDH at the end of their adoption leave unless they have been selected for another role through competitive interview.

**“All employees are entitled to 52 weeks' adoption leave. There is no limit to the number of periods of adoption leave that you may take during your employment”**

### b) Rotational contracts

If you work on a planned rotational contract with one or more NHS employer as part of an agreed training programme, you will retain the right to return to work in the same post or next planned post and your contract will be extended to enable you to complete the remainder of the agreed programme.

### 4.3 How to request adoption leave

You must write to your manager informing them of your intention to take adoption leave within seven days of being notified you have been matched with a child for adoption (or 28 days if adopting from overseas), unless this is not reasonably practicable. You must also give the date the child is expected to be placed with you.

Before you can start adoption leave you must meet with your manager and:

- complete the Application for Adoption Leave and Pay form (available on the HR Forms section on YCloud, the YDH staff internet website)
- provide a "matching certificate" from your adoption agency as evidence of your entitlement to take adoption leave and adoption pay.

Your manager will send these to the HR Department.

### 4.4 Starting adoption leave

You can start your adoption leave either on the date of the child's placement (whether this is earlier or later than expected) or from a fixed date that can be up to 14 days before the expected date of placement. If the placement is delayed and adoption leave has started, it cannot be stopped and resumed at a later date. Adoption leave can start on any day of the week.

The date on which you wish to start your adoption leave can be amended, provided you advise your manager at least 28 days in advance (unless this is not reasonably practicable).

### 4.5 Notification of return to work

The maximum amount of adoption leave is 52 weeks. All employees are expected to return to work on the date specified, which should be no later than 52 weeks after the start of their adoption leave (not including any annual leave taken).

Where possible, employees should confirm their return to work date before they start their adoption leave, to allow for temporary cover to be arranged. However, we realise that this is not always practical, so you have the right to change your date of return if you choose.

Approximately 12 weeks after the adoption, the HR Department will write to the employee to request information about their intention to return to work. Employees should return the form as soon as possible so that any changes to temporary staffing can be made.

If an employee decides to change their return-to-work date after starting their adoption leave, they must advise their manager, providing their contractual notice.

**“Employees should confirm their return-to-work date before they start their adoption leave, to allow for temporary cover to be arranged”**

### 4.6 The right to return to work

At the end of the adoption leave period all employees have an automatic right to return to work in a comparable job to the one they were doing:

- on terms and conditions no less favourable than those that would have applied had they not been on adoption leave
- with the same seniority, pension and other similar rights as they would have had they not been on adoption leave.

YDH reserves the right to move an employee to an alternative role or department as long as it is the same type of work, at the same site and at the same level within the organisation.

### 4.7 Returning to another NHS employer

If an employee decides to return to work at another NHS trust, they must notify YDH of their intention. To retain full Occupational Adoption Pay (OAP – see 5.3), the employee must return within 15 months of the start date of their adoption leave.



## “Employees with more than 26 weeks’ continuous NHS service are eligible to take up to 39 weeks’ adoption leave with pay”

To ensure OAP is maintained, the employee must provide a copy of their offer letter and contract of employment with another NHS employer within 15 months of the beginning of their adoption leave or within three months of the last day of their adoption leave. Otherwise the employee is liable to refund the whole of the OAP received; they will not be required to repay Statutory Adoption Pay (SAP – see 5.2) to which they are entitled.

Employees who have not been paid OAP because they did not expect to return to NHS employment but do so within 15 months, should contact YDH. They will be expected to provide the documentation detailed in 4.3. Once provided, calculations for OAP will be made and paid retrospectively.

## 5 Pay

### 5.1 Adoption leave pay

Adoption leave for employees with less than 26 weeks’ NHS service is unpaid. In these circumstances, the Payroll Department will provide a written statement explaining why you are not eligible for adoption pay, which can be used to claim other benefits if required.

Employees with more than 26 weeks’ continuous NHS service are eligible to take up to 39 weeks’ adoption leave with pay.

Adoption leave pay is subject to PAYE income tax, National Insurance contributions (NICs) and pension contributions where appropriate.

There are two types of adoption pay:

- Statutory Adoption Pay (SAP) – paid by the government
- Occupational Adoption Pay (OAP) – paid by YDH.

The type of adoption pay paid is based on:

- how long you have worked for YDH/or how much continuous NHS service you have
- whether you have earned enough salary in the relevant period
- whether you intend to return to work
- whether you have provided the correct evidence and paperwork
- whether this evidence has been provided within the correct timescales.

### 5.2 Statutory Adoption Pay

SAP is paid to all employees, including bank staff, provided they have 26 weeks’ service ending the week in which they are notified of having been matched. Their earnings must also be above the lower earnings limit for NICs. Calculations include all pay within the earnings period.

If the employee has also provided the correct notification and proof to show that they have been matched with a child, SAP is paid for 39 weeks, as detailed in the box below.

### Statutory Adoption Pay

Weeks	Pay	Duration
1-39	SAP: A weekly equivalent of 90% of full pay or a set standard rate of pay agreed by the government every year (details of this can be found by visiting <a href="http://www.gov.uk">www.gov.uk</a> )	39 weeks
40-52	Unpaid	13 weeks

### Occupational Adoption Pay

Weeks	Pay	Duration
1-8	Full normal pay	8 weeks
8-26	Half normal pay plus SAP	18 weeks
26-39	SAP	13 weeks
40-52	Unpaid	12 weeks

#### 5.3 Occupational Adoption Pay

OAP is paid at the same rate as Occupational Maternity Pay and will be paid to all employees who:

- have more than one year's continuous service – service from another NHS organisation will be eligible, provided there has not been a break of more than three months between the two organisations. However, the break in service will not count as service

and:

- intend to return to work and do so for at least three months – employees must return to work for an NHS organisation for a minimum of three months following their adoption leave. Failure to return to work will result in owing back the occupational element of the adoption pay.

Employees who change their mind about returning to work should inform YDH as soon as possible, to avoid overpayment.

#### 5.4 Calculation of OAP

OAP is paid in addition to SAP to employees who qualify. It is assessed as an average of normal pay for eight weeks or two months up to the last normal pay day before the date of adoption.

For OAP purposes, normal pay will include all items for the qualifying period on which National Insurance is calculated, including any arrears that would normally have been accrued during that period. It does not include expenses.

In exceptional circumstances, YDH may need to change the qualifying period if the salary cannot be determined. This will be managed in accordance with HMRC regulations.

#### 5.5 Fixed-term contracts

Employees on fixed-term contracts are not entitled to OAP, but may be entitled to SAP provided they meet the eligibility criteria (see 5.2).

Fixed-term employee contracts will be extended to allow them to receive SAP, but not unpaid adoption leave. This is to allow for payment to be made and will not count as service or mean the employee will accrue employment rights during this period. Employees on a fixed-term contract should apply for adoption leave in the normal way (see 4.3) and the Payroll Department will advise them of their entitlements.

#### 5.6 Bank employees

Bank employees will not be eligible for OAP, but may be eligible for SAP. Their average weekly earnings must not be less than the lower earnings limit for NICs for the eight-week period prior to the adoption leave starting.

Adoption pay for bank employees will be based on the earnings for the eight-week period prior to the start of their adoption leave. The Payroll Department will advise accordingly.

#### 5.7 Rotational contracts

Adoption pay will be calculated in the same way for employees on rotational contracts.

#### 5.8 Incremental increases before and during adoption leave

If a pay award or annual increment is implemented before paid adoption leave begins, the adoption pay will be calculated as though the pay award or annual increment had applied throughout the entire adoption pay calculation period. If such a pay award was agreed retrospectively, the adoption pay will be re-calculated on the same basis.



If a pay award or annual increment is implemented during paid adoption leave, the adoption pay due from the date of the pay award or annual increment will be increased accordingly.

### 5.9 Sickness during the eight-week calculation period

If an employee is on half-pay or unpaid sickness absence during the whole or part of the period used for calculating average weekly earnings in accordance with SAP earnings rules, the average weekly earnings for the period of sickness absence will be calculated on the basis of full notional sick pay.

## 6 Your terms and conditions

### 6.1 Contractual rights

During adoption leave, all contractual rights, including accrual of annual leave and continuous service, are retained.

### 6.2 Annual leave and sickness on adoption leave

All employees on adoption leave will continue to accrue their holiday entitlement throughout their adoption leave. Bank holidays will not be accrued while on adoption leave.

There is a flexible approach to taking annual leave in conjunction with adoption leave. All employees must ensure that they communicate their intentions to take holiday before starting their adoption leave. The manager will then agree this as part of the final arrangements for adoption leave. Normally this would include taking at least one week's annual leave before commencing adoption leave, to avoid large amounts of annual leave being taken on their return.

If an employee reduces their hours on their return, they should discuss how their accrual of annual leave would be managed and taken. As a reasonable approach to reducing the impact on the department's service needs, this should be managed by taking part of the annual leave entitlement before adoption leave starts.

If an employee becomes ill while on adoption leave, they will not be entitled to sick pay or benefits and will continue to be paid as per their entitlement to adoption pay.

Sickness while on adoption leave does not need to be reported, unless it would impact on Keeping In Touch (KIT) days or return-to-work dates.

### 6.3 Pension contributions during adoption leave

Pension contributions made by YDH continue during the whole period of paid adoption leave and are based on the employee's normal salary before the start of the leave. For more information on this, employees should contact the YDH Pensions Manager.

### 6.4 Training

Employees on adoption leave will not be expected to attend mandatory training, however, this will need to be completed upon return to work, either during a KIT day or within the first month of return. Managers should make arrangements for employees to receive training and re-orientation where needed. This must include any changes that have occurred while the employee was on leave.

Employees on adoption leave will be made aware of formal training opportunities that are open for teams to apply for. Employees on adoption leave will not be treated any differently in the selection for such opportunities.

### 6.5 KIT days

With their manager's agreement, employees can attend work for up to 10 mutually agreed KIT days during the adoption leave period to attend work, for example, for team meetings, conferences, training events or performance reviews. Part days will be counted as whole days for the purpose of the KIT day entitlement and pay.



## “KIT days will not affect adoption pay entitlement. Employees must discuss and agree KIT days with their manager in advance”

For the time spent in work, employees will receive pay for days worked based on the contractual rate of pay (including any enhanced rates of pay normally applicable for days worked outside of normal office hours Monday to Friday). Alternatively, time off in lieu may be given. KIT days will not affect adoption pay entitlement. Employees must discuss and agree KIT days with their manager in advance.

Managers are responsible for ensuring the Payroll Department is instructed to pay employees for KIT days worked by completing the KIT Days Record form (available on the HR Forms section on YCloud).

### 6.6 Working when on adoption leave

If an employee starts working for another employer after the fifteenth week prior to beginning adoption leave and they choose to return to work during their adoption leave, their adoption pay will cease from the Saturday before the week that they start work with their new employer.

Employees should inform their manager if they have another job and advise them of their intention to take adoption leave with their other employer. This information should also be completed in their Application for Adoption Leave and Pay form (available via YCloud).

### 6.7 If adoption ends before adoption leave

If the adoption is disrupted or ends, adoption leave and pay (if eligible) will normally continue for eight weeks (or until the end of the adopter's 39 week SAP period if that is sooner) following the end of the adoption. The employee should contact their manager and agree arrangements for return to work as early as possible.

### 6.8 Organisational change

Where organisational change would affect employees on adoption leave, this will be managed in the same way as all other affected employees as regards consultation and communication. They will receive written documents, letters and notifications and be required to attend YDH for formal meetings where appropriate.

Employees made redundant while on adoption leave are entitled to receive SAP for the full 39 weeks. OAP will be paid to redundant employees until the date their contract of employment ends.

All organisational change will be managed in line with YDH policy for managing organisational change and ACAS guidance and advice.

### 6.9 Vacancies

Employees taking adoption leave will be made aware of vacancies, opportunities for promotion or extra hours they can apply for through expression of interest. Those on adoption leave will not be treated any differently in selection for such opportunities. Employees on adoption leave are welcome to apply for any vacancy within YDH that is advertised externally.

The time taken to attend an interview for a vacancy will not be paid nor considered as a KIT day (unless it is part of a KIT day already arranged to complete other activities) and will not affect adoption pay or leave.

## 7 Sickness preventing return to work

If an employee cannot return to work after their adoption leave because of sickness, they should inform their line manager as soon as possible. This will be communicated to the HR, Occupational Health and Payroll Departments as soon as possible.

In some circumstances, sickness that happens before adoption leave starts will mean that Statutory Sick Pay (SSP) is overridden by SAP (within the statutory adoption pay period). This can lead to a change in pay, and the Payroll Department will advise the employee and manager accordingly. A medical certificate will be required in line with our Sickness Management Policy (see page 134).



# Adverse weather and travel disruption

## 1 What this policy covers

This policy will tell you what you need to do if either severe weather or travel disruptions (eg bus or train strikes) affect your ability to get to work.

## 2 Principles

- This policy will provide a clear and fair framework when bad weather or severe travel disruption affects your ability to get to work.
- While delivering patient care is vital to YDH and is at the heart of decisions made about attendance, we also recognise that this must be balanced against your health and safety.
- While you are responsible for making every reasonable effort to get to work during periods of severe weather or travel disruption, you should not put yourself at unnecessary risk.

## 3 The policy in practice

**3.1** If having made every effort and explored all options to come to work you're unable to come in, you should personally inform your manager as soon as you know this will be the case. If your



manager is not available, contact their deputy or another senior team member.

**3.2** You should discuss with your manager whether it is possible to work from your home.

**3.3** If it is not possible to work from home, you should agree with your manager whether:

- you will change your shift
- make the time up (within one month of the date concerned)
- use any time in lieu you may have already accrued
- take annual leave
- take unpaid leave.

**3.4** If the problem is likely to continue for more than one day, you should agree with your manager how often you need to contact him or her to review the options open to you.

**3.5** In some circumstances, YDH may arrange transport for key staff. In such cases, a travel hotline will be set up and managers will be notified. You should discuss with your manager whether you can use this transport.

**3.6** In certain circumstances, severe weather may occur while you're already at work and potentially may limit or put at risk your ability to get home. In these instances you should discuss this with your manager, taking account of advice issued by the police, motoring organisations and weather bulletins and agree when you should leave work.

**“While you are responsible for making every reasonable effort to get to work during periods of severe weather or travel disruption, you should not put yourself at unnecessary risk”**





# Alcohol and drug misuse

## 1 What this policy covers

**This policy aims to ensure the safety of all staff, patients and visitors by having clear rules about the use and possession of alcohol and/or drugs.**

It will explain the responsibilities of those who believe they have a problem, as well as other staff and managers, and tell you what help and support is available.

For the purposes of this policy:

- “Alcohol misuse” is drinking alcohol so that it adversely affects your work performance, conduct, attendance or normal behaviour at work.
- “Substance misuse” is the deliberate use of illegal or prescribed drugs for intoxication or any reason other than as prescribed medication.

## 2 Principles

- The rules on alcohol and drugs will be strictly enforced.
- Those who admit to having a problem with alcohol and/or drugs but engage positively in treatment for their recovery shall be supported fully by YDH.

## 3 Responsibilities

- The YDH Board is committed to providing a safe and healthy workplace for staff, patients and visitors and will ensure that all employees are treated consistently and fairly in line with this policy.
- If you have an alcohol or drugs-related problem, you are encouraged to disclose this at the earliest opportunity, to ensure support and help with

treatment. You can speak to your manager, the HR Department or trade union representative.

- You should not possess or supply alcohol or illegal drugs in the workplace.
- You should not consume alcohol or illegal drugs or abuse any substance at work.
- You should not work while under the influence of drugs and/or alcohol, because the effects may last several hours.
- You should be aware of the possible side effects of any prescription drugs you are taking and tell your manager immediately if they could affect your work performance.
- Managers must ensure that alcohol or substance misuse issues are dealt with in the strictest confidence and should seek advice from the HR Department and Occupational Health.
- Under YDH's Raising Concerns Policy (see page 111), you have a duty to raise any concerns you have about a colleague you suspect of alcohol or substance misuse, anonymously, if you wish.

## 4 Policy in practice

If an alcohol and/or substance misuse problem has been identified, an initial meeting with your manager will determine whether it will be treated as a health or conduct issue.

We may ask you not to attend work. This absence will be managed in line with the principles outlined in the YDH Disciplinary Policy.

### Health issue

At the meeting with your manager, if you acknowledge that you have an alcohol and/or substance misuse problem, it may be dealt with as a health issue if you agree to accept the help and support you are offered.



Below is an outline of how the process is usually managed, although this can change depending upon individual circumstances. This policy may work in conjunction with YDH's Sickness Management Policy and Capability Policy.

## "Depending on the severity, you may be advised to go on sick leave while you are rehabilitating"

### Outline process

- 1 Having acknowledged you have a problem, your manager will refer you to Occupational Health, which will advise you on appropriate treatment, intervention or referrals to other agencies. A treatment plan will be discussed and agreed by you and your manager.
- 2 Depending on the severity, you may be advised to go on sick leave while you are rehabilitating, which means you will need to obtain the appropriate sickness certificate from your GP to cover your absence.
- 3 During your rehabilitation period you may be expected to attend regular appointments with Occupational Health, which will review progress and keep your line manager informed. If you fail to attend appointments with Occupational Health or other specialist agency without good reason, it will be considered as rejection of support and assistance.
- 4 Where possible, you must make every effort to attend appointments outside of your normal working hours. If this is not possible, paid time off may be considered at your manager's discretion. Requests for paid time off will require evidence.
- 5 If you remain on sick leave for four weeks or more, your absence will be managed in line with our Sickness Management Policy. A meeting will be arranged with you, your colleague or trade union representative, your line manager and representatives from the HR Department. Unless there is clear evidence of progress, it may be treated as either an ill health or conduct issue (in which case your future employment may be at risk).
- 6 When you return from absence, your manager will agree with you a documented return to work programme, including YDH's expectations regarding your performance, standards required and behaviour, with timescales. Advice and assistance should be sought from HR on your return to work programme.
- 7 You must not undertake any alternative employment, whether paid or unpaid, while on sickness absence, without the written consent of YDH and support of Occupational Health.
- 8 If it is decided that you should remain at work, your manager will monitor your behaviour and performance over a six-month period and formal reviews will be recorded at least once a month.
- 9 If your behaviour/performance meets the standard required continuously for six months, your manager will usually agree with you, HR and/or Occupational Health that the formal review period is over. This will be confirmed in writing to you, with details of any future support mechanisms.
- 10 If your behaviour/performance has not met the standard required continuously for six months, your manager will write to you to give notification that the formal review period will be extended. Unless there is clear evidence of progress, your future employment may be at risk.

### Conduct issue

If YDH considers that you are at work under the influence of alcohol and/or misusing substances (or believes you have an underlying alcohol or substance misuse problem) and you refuse the support you are offered, YDH will deal with its concerns in accordance with its Disciplinary Policy (see page 32). Misuse of alcohol or substance abuse is regarded as gross misconduct and may result in dismissal.

Where it is suspected that substances may have been obtained fraudulently from YDH, cases should be referred to the Counter Fraud Agency.

### Outline process

Details of the stages of the YDH Disciplinary Policy are shown on page 32.



# Annual leave

## 1 What this policy covers

This policy aims to provide a consistent and equal approach to taking and calculating annual leave. It will tell you how much leave you are entitled to, how you should request annual leave and how your annual leave entitlement is affected by other factors such as sickness.

This policy should be read in conjunction with other YDH policies such as Sickness Management (see page 134), Special Leave (page 144), Maternity Leave (page 65) and Paternity Leave (page 100).



## 2 Principles

- This policy applies to all employees who are employed on Agenda for Change terms and conditions, except bank or medical staff who have other arrangements.
- YDH supports its staff in having a healthy work-life balance and encourages them to take their full entitlement within the current leave year.
- Carrying over annual leave will only be authorised in exceptional circumstances.
- Applications for annual leave should be made in accordance with this policy and any local departmental procedures. Failure to follow these may result in time taken off being considered as unauthorised absence, which may lead to deductions from pay and/or disciplinary action.

## 3 Responsibilities

- The YDH Board of Directors will ensure, through an open and supportive culture, that applications for annual leave are dealt with consistently and fairly.
- Managers will respond in a timely manner to requests for annual leave, and in reaching their

decision they will balance the wishes of the individual with service provision.

- Managers will inform staff within their areas of responsibility how to request annual leave.
- Where managers cannot answer annual leave questions, the HR and Payroll Departments will advise.
- All staff should make their annual leave requests in accordance with the procedures outlined in this policy and/or local departmental procedures.

## 4 Policy in practice

### 4.1 Entitlement

- Your annual leave entitlement is based on your continuous completed years of NHS service (please see Table One on page 15).
- The annual leave year for all staff will run from 1 January to 31 December..
- Your entitlement is calculated in hours not days, to ensure that staff who work variable hours/shifts are not disadvantaged.



**Table One: Annual leave entitlement**

Length of service	Annual leave and general public holidays
On appointment	27 days + public holidays
After five years' service	29 days + public holidays
After 10 years' service	33 days + public holidays

- In addition to annual leave you're entitled to eight paid statutory/public holidays. Entitlement for part-time staff is pro rata. A statutory/public holiday is a period of normal working duty that starts within the period of 24 hours from midnight to midnight.
- If you change your contracted hours, your annual leave entitlement will be recalculated using completed months on the new and old contracted hours to give the full entitlement. You should not be disadvantaged by the change, therefore, if the change occurs part way through a month, the higher level will be paid for that month.
- If you leave YDH you will be entitled to one-twelfth of your annual leave entitlement for each complete month worked in the current leave year, minus any leave already taken. If your total leave taken exceeds the total entitlement, an appropriate deduction will be made from your final salary
- You should aim to spread your leave out, to avoid bunching it at the end of the year. Failure to do so may result in your manager allocating your leave.

**Annual leave accrual for new starters**

Employees who start work on or before the fifteenth of the month will accrue full leave hours during the first calendar month of employment. Employees who start work on or after the sixteenth of the month do not accrue leave hours for that month; they begin accruing leave hours at the end of the second calendar month of employment.

“Managers will respond in a timely manner to requests for annual leave, and in reaching their decision will balance the wishes of the individual with service provision”

**Annual leave accrual for leavers**

Employees who leave work on or before the fifteenth of the month do not accrue leave hours for that month. Employees who leave work on or after the sixteenth of the month will accrue leave hours for that month.

**4.2 Requesting annual leave**

- You should make requests for annual leave to your manager as early as possible through the standard request procedure used in your ward/department.
- Until the request has been agreed, you must not assume that you can take your leave at the requested time and should not make any bookings or enter into any financial commitments based on an agreement being given at a future date. It may not be given.
- To balance the needs of all staff in your ward or department, leave of more than two weeks will only be agreed in exceptional circumstances.
- Managers will ensure that authorisation for leave for popular times (eg school holidays, Christmas, New Year, etc) will be made on a shared and equitable basis.





## Examples

### 1 Employee A

Works 25 hours a week and they have recently joined the NHS. Their annual leave entitlement for a full leave year would be 135 hours plus 40 hours' two bank holiday entitlement, making a total of 175 hours annual leave entitlement.

### 2 Employee B

Is not required to work on May Bank Holiday. Their normal contracted hours of work are 18 per week. They would normally work six hours on a Monday and they have less than five years' service. So, using the above principle, six hours will be deducted from their total entitlement of 126 hours.

### 3 Employee C

Works 30 hours a week. They would normally work 7.5 hours on a Monday and have more than 10 years' service. They are required to work on May Bank Holiday, so their leave entitlement remains intact, because this day has not been taken off as leave. They are not required to work on August Bank Holiday, so 7.5 hours will be deducted from their total leave entitlement of 246 hours.

“If you are sick while on annual leave, the period will be treated as sick leave, where the sickness is certified, allowing you to take your annual leave at another time”

### 4.3 Carrying over annual leave

You should be able to take all your annual leave during the leave year. In exceptional circumstances, where service demands/personal circumstances have prevented this, up to one week of basic contracted hours may be carried over to the following year, with the agreement of your manager.

### 4.4 Sickness during annual leave

If you are sick while on annual leave, in accordance with YDH's Sickness Management Policy (see page 134), the period will be treated as sick leave, where the sickness is certified, allowing you to take your annual leave at another time. Please see the full policy for more information.

Annual leave can be used during periods of long-term sickness. If you wish to take annual leave while you are off sick, you should inform your manager prior to taking the leave.



## This section applies to senior medical staff only

### 1 Annual leave entitlement

- 1.1** Annual leave year will commence on the first day of your employment with YDH (applicable to doctors who joined after 1 January 2016).
- 1.2** Annual leave should be broadly spread across PA activity, so that leave does not fall disproportionately on DCC or on-call days.
- 1.3** Where SPA activity is scheduled directly before or after annual leave, the doctor would normally be expected to attend the workplace to undertake their SPA activity, where that would be the usual arrangement.
- 1.4** Doctors who work shifts should agree their annual leave entitlement with their Business Manager and Clinical Director, with HR support if necessary.

### 2 Annual leave allowance in days

- 2.1** Doctors are entitled to annual leave at the rates per year shown in the boxes below.
- 2.2** Annual leave entitlement is based on a five-day working week. Doctors who work fewer than five days a week will have their entitlement calculated on a pro-rata basis.
- 2.3** If the number of PAs worked varies from day to day, doctors should take one day's leave, even if three PAs are working on that day or just one. However, the spread of days taken should be distributed evenly between all working days.

#### Closed grades

Grade	Upon starting	After two years	After seven or more years	In addition, you are also entitled to the following:		
				Appointed pre-1989	Appointed post-1989	Bank hols (can vary)
Old consultant contract	30 days	30 days	30 days	3	2	8
Associate specialist	30 days	30 days	32 days	3	2	8
Staff grade	25 days	30 days	32 days	3	2	8

#### New grades (2003 consultant contract)

Grade	Upon Starting	After two years	After seven or more years	In addition, you are also entitled to the following:		
				Appointed pre-1989	Appointed post-1989	Bank hols (can vary)
New consultant contract	30 days	30 days	32 days	3	2	8
Specialty doctor/SAS doctors	25 days	30 days	32 days	3	2	8

### 3 Annual leave entitlement in PAs

3.1 If doctors prefer, they may calculate their annual leave in PAs rather than days, calculated as follows:

Contracted weekly PAs*	Consultants, SAS, staff grades, associate specialist with up to seven years' service	Consultants, SAS, staff grades, associate specialist with seven-plus years' service
	32 days (six weeks and two days to include two statutory days)	34 days (six weeks and two days to include two statutory days)
12	77	82
11.5	74	78.5
11	70.5	75
10.5	67.5	71.5
10	64	68
9.5	61	65
9	58	61.5
8.5	54.5	58
8	51.5	54.8
7.5	48	51
7	45	48
6.5	42	44.5
6	38.5	41
5.5	35.5	37.5
5	32	34
4.5	29	31
4	26	27.5
3.5	22.5	24
3	19.5	20.5
2.5	16	17
2	13	14
1.5	10	10.5
1	6.5	7
0.5	3.5	3.5

\*Contracted weekly PAs – calculation should not include PAs for additional responsibility, such as for being a Clinical Director.

## 4 Bank holiday entitlement

- 4.1** Any doctor who is required to be present in the hospital or other place of work, which includes telephone consultations, between the hours of midnight and midnight on a statutory or public holiday, should receive a day off in lieu.
- 4.2** In addition to annual leave allocations, medical staff are allowed up to eight bank holidays (16 PAs) per year (the number of bank holidays in any 12-month period can vary). These do not need to be booked off (unless advised otherwise by the Clinical Director/Business Manager). However, if any full-time doctor has no job-planned PA activity scheduled for a bank holiday day, they may take extra PAs off (according to their maximum entitlement set out in the table below).
- 4.3** Part-time medical staff are allowed extra bank holidays per annum, on a pro-rata basis according to the following table:

Contract PAs	Bank holiday allocation PAs
10	16
9	15
8	13
7	12
6	10
5	8

## 5 Arrangements for requesting annual leave

- 5.1** Annual leave should be requested, negotiated and approved at least eight weeks in advance wherever possible to avoid disruption to patients, and no less than six weeks in advance.
- 5.2** If a request for annual leave is made with less than six weeks' notice, this must be made directly to the Business Manager and Clinical Director. Requests will only be approved in exceptional circumstances, or where there will be no adverse impact on clinical commitments or other staff.

“Approved annual leave will only be revoked if all attempts to find cover have been unsuccessful and the Medical Director and Chief Executive agree that there is a serious threat to clinical services”

- 5.3** Agreement should be reached with the Business Manager and Clinical Director on the maximum number of senior medical staff away on annual leave at any one time in order to manage the safe and efficient delivery of the service.

## 6 Revoking agreed annual leave

- 6.1** Approved annual leave will only be revoked as a last resort if all attempts to find cover have been unsuccessful and the Medical Director and Chief Executive agree that there is a serious threat to clinical services. In such cases, YDH will reimburse the doctor for any unavoidable and irrecoverable expenses directly associated with cancelling the annual leave.
- 6.2** No responsibility will be accepted for expenses incurred prior to the formal approval of annual leave.



# Appraisal

## 1 What this policy covers

**This policy outlines YDH's approach to the annual performance appraisal process.**

Performance appraisals provide an opportunity to:

- clarify job requirements and manager expectations
- reinforce positive behaviour and discuss any concerns
- identify any training and development needs.

While this should be an ongoing process, having a scheduled annual appraisal meeting ensures protected time for the discussion to take place and provides the opportunity for you to prepare.

This policy applies to all non-medical YDH employees, whether on a permanent or fixed-term basis, including Directors.

It applies to agency staff engaged for six months or more. It does not apply to volunteers, contractors or apprentices.

## 2 Principles

- YDH aims to ensure that performance appraisal meetings reflect its Equality and Inclusion and iCARE principles.
- Policy compliance will provide consistency across YDH to ensure that all staff benefit from regular appraisal and development.
- All staff are encouraged and supported in delivering high-quality performance and to develop to their full potential.

## 3 Responsibilities

The Chief Executive and Directors are responsible for ensuring that:

- a culture of fairness and openness exists in applying this policy
- managers in their areas of responsibility undertake appraisals for all their staff in a timely and appropriate manner.

Managers should ensure that:

- appraisers have a reasonable number of appraisals to undertake
- appraisers and appraisees have the time, resources and support to undertake all the responsibilities set out in this policy
- everyone has an appraisal every year before their increment date, to ensure that their pay progression is completed.

Appraisers are responsible for:

- holding annual appraisal meetings with their designated staff
- ensuring the appraisal is a fair and honest discussion of the employee's performance and that the employee's views are considered
- ensuring that they prepare thoroughly for the meeting and that employees have enough time to prepare
- facilitating completion of employees' mandatory training
- documenting the appraisal and recording pay progression on ESR
- ensuring that the appraisal conversations includes a discussion about health and wellbeing.



Employees are required to:

- participate and actively engage in the appraisal process
- prepare thoroughly for the meeting, maintaining evidence of learning and development they have undertaken during the year.

## 4 Policy in practice

### 4.1 Preparation for the meeting

You should be given reasonable notice of your appraisal meeting. Your appraiser should make sure you understand the appraisal process, know what will be discussed and how you should prepare.

To ensure success, you and your appraiser must prepare.

As the appraisee you should consider:

- your main responsibilities
- what you have achieved since your last appraisal
- what you think you do best, your key skills and abilities
- which parts of your job you find challenging and why and what additional support you might need
- things you would like to do now that you don't do already
- your plans for your professional development/ career/job role
- additional training or development you have undertaken in the past 12 months.

Your appraiser should consider:

- how well you have performed since your last appraisal
- to what extent you have completed your personal development plan and training requirements
- what feedback should be given at the meeting
- factors that have affected your performance
- what actions could be taken to improve your performance
- what objectives might be set for the next review period
- personal development goals to set for the next review period.

### 4.2 Appraisal discussion

Our appraisal system is based on the principle of “no surprises”. If there are problems with your development or if there are capability issues, they should have been addressed when identified and managers should seek advice from the HR Department as to whether the issues raised should be addressed through the YDH Capability Policy (see page 25).

Appraisal meetings should be held in a private, confidential and comfortable environment with minimal risk of interruption.

Sufficient time must be set aside to undertake the appraisal and your appraiser should make sure the appraisal is cancelled or postponed only if absolutely necessary. In such cases, the meeting should be rescheduled at the earliest opportunity.

During the meeting you should take a lead in discussions, with your appraiser listening carefully to what is said, summarising the discussion and keeping the meeting on track.

Focus should be given to your performance and competence, not your character or personality. And both parties should take into account the whole period since the previous appraisal, rather than just recent or isolated events.

### 4.3 Objective setting

As part of the appraisal meeting, your objectives should be set and agreed for the next 12 months. The objectives should follow the SMART principles:

- S** – Specific
- M** – Measurable
- A** – Achievable
- R** – Realistic
- T** – Timebound

Guidance in the writing of SMART objectives can be found on the Forms and Further Information section of YCloud (the YDH staff intranet site).

### 4.4 Personal development plans

You and your appraiser will both agree your personal development plans.

## 5 Other conditions

### 5.1 Maternity/adoption leave/shared parental leave

If you are due to go on any of the above periods of leave two months before your scheduled appraisal meeting, the meeting will be bought forward. If your scheduled appraisal is due later than two months, it will be conducted retrospectively as part of your return-to-work process.

### 5.2 Career breaks

If you choose to take a career break, an appraisal must take place within a few weeks of your return, to identify your training and development needs.

### 5.3 Long-term sickness

If you return to work after a period of long-term sickness, an appraisal will take place as part of your return to work.

## 6 Appeals/disagreements

Every effort will be made to ensure that you and your appraisers can resolve differences of opinion during the appraisal without the need for formal procedures.

Should you wish to appeal decisions arising from your appraisal, you can use the YDH Grievance Policy, which has both informal and formal stages (see page 56).

**“If you choose to take a career break, an appraisal must take place within a few weeks of your return, to identify your training and development needs”**





# Capability

## 1 What this policy covers

This policy is designed to support you in improving your performance so that you can achieve and maintain the standards your role requires.

## 2 General principles

- The policy will provide a clear, fair and consistent framework for handling capability issues.
- We understand discussions regarding your performance can be stressful, so this policy seeks to balance the requirement for a comprehensive and supportive process with YDH's need to deliver services effectively.
- Unsatisfactory work performance may be caused by numerous factors and (where possible) concerns will be dealt with through supportive discussions with your manager, before using this policy.
- The standards that you need to achieve will be realistically achievable within a specified time frame.
- In some circumstances it may be appropriate to deal with capability issues under YDH's Disciplinary, Probation or Sickness Management Policies. The manager should seek advice from Human Resources before making this decision.
- Redeployment may be considered at any stage of this policy.
- In cases of serious incapability, moving straight to the capability hearing may be appropriate.

## 3 The policy in practice

The Capability Policy has the following stages:

- Stage One – Informal
- Stage Two – Formal
- Stage Three – Appeal

“If your line manager has concerns about your performance, they will discuss this with you at the earliest opportunity, before moving to the formal stages of this policy”

### 3.1 Your right to be accompanied

Should you wish, you can be accompanied at all meetings by a trade union/staff representative or appropriate work colleague not acting in a legal capacity.

You're responsible for choosing your representative, but you must let your manager know who this will be. They can participate fully at the meetings, but they cannot answer questions on your behalf.

### 3.2 Stage One – Informal

YDH recognises that few employees choose to perform badly, make mistakes or fail to complete tasks. So, if your line manager has concerns about your performance, they will discuss this with you at the earliest opportunity, before moving to the formal stages of this policy.

Your manager will explain their concerns and you will be given time to discuss:

- the reasons why
- problems you're experiencing at work
- factors outside of work that impact you at work
- support required (eg training, guidance, mediation, coaching).

If you are unclear what you need to improve or how you can improve, you should seek clarification.

Your manager will make a record of the discussion and the agreed action plan, they will provide you with a copy and if necessary meet with you to review and update. If things do not improve within a reasonable timescale



**“At the review meeting, your manager will tell you if you have made sufficient improvement and record the information on the Performance Improvement Plan”**

or there is serious concern about your ability to perform your role, moving to formal stages may be considered. But before this happens your manager will make sure:

- you're clear about expectations of you in your role
- you've had the level of training, advice and support required to do your job
- you've had reasonable time to improve
- no underlying health issues/medical conditions are contributing to any under-performance
- any reasonable adjustments have been considered and implemented where this has been advised by occupational health and/or other medical advice.
- an action plan has been undertaken with regular reviews.

Following these discussions, in most cases, most performance-related issues can be resolved promptly and informally. Any improvement that results must be maintained, so you should talk to your line manager immediately if you are having difficulties again.

### 3.3 Stage Two – Formal

A formal capability meeting will be arranged, giving you at least 10 calendar days' notice, and all documentation to be used at the meeting will be enclosed. If you have any documentation you'd like considered, you must provide this at least five calendar days in advance of the meeting.

Two independent senior managers advised by a HR Business Partner will listen to information provided by you and your manager during the formal meeting. The following points will be considered:

- Areas where your performance isn't meeting the required standards.
- What support, training and supervision has been put in place through the informal stage, including action plans.
- Your views and responses and what you believe is preventing you reaching the required standards including training/support not yet been considered.
- Any further mitigating factors hindering your progress in achieving the required standard.
- Anything else you would like the panel to consider.

If the meeting is adjourned, to consider further evidence before reaching a decision, you will be asked whether you want to receive the outcome in writing or a further outcome meeting can be arranged. If you do not attend the meeting, the outcome will be confirmed in writing.

In determining the outcome, consideration will be given to your views and the documentation presented and reviewed. The managers will reach their decision based upon the evidence and documentation considered. Outcomes of a formal meeting could be:

- a further action plan and monitoring period
- redeployment to another role which may include down-banding
- a written warning
- final written warning
- dismissal with contractual notice.

Where warnings have been given, review meetings and action plans will also be set. As far as possible the outcome of the formal meeting will be given verbally during the meeting and will be confirmed in writing, including the right of appeal where appropriate.



### 3.4 Feedback on your progress

Where an action plan and monitoring period has been agreed through the formal process, your manager will feedback on your progress at regular review meetings and will update your action plan.

### 3.5 Subsequent formal meetings

If you haven't made the required progress during the monitoring period after a formal capability meeting your manager will tell you and a further formal meeting will be arranged. The meeting will be held within the format outlined for a formal capability meeting, however an independent manager who has not previously been involved will chair the meeting.

### 3.6 Professional bodies

YDH reserves the right, if appropriate, to report the matter to the relevant professional body (eg NMC, GMC, HCPC), which may also take additional action.

### 3.7 Absence during the capability process

Very rarely, due to the seriousness of some concerns, we may ask you not to attend work. This decision will only be taken if genuine risks are identified and all alternative options have been ruled out.

Where this is considered, your manager will seek approval from another senior manager and both will be advised by HR. If this happens, we will fully explain the reasons for the decision. This does not constitute disciplinary action.

## 4 Stage Three – Appeal

### Right of appeal

You'll always be given the right to appeal any formal sanction. How to appeal will be explained in the capability meeting outcome letter. You'll need to appeal within seven calendar days of getting your outcome letter, but this may be increased in exceptional circumstances.

**“You'll need to appeal within seven calendar days of getting your outcome letter, but this may be increased in exceptional circumstances”**



### Appeal panel

An appeal panel will consist of two managers (the Chair will be a more senior manager) who have not been involved previously. You'll be invited to attend an appeal meeting, which will be your opportunity to explain the reasons for your appeal. You will be asked to provide documents related to your appeal at least seven calendar days in advance of the meeting.

The appeal will be supported by a senior HR representative, who has not been involved before. You may bring a trade union representative or workplace colleague as your companion.

A letter confirming the outcome of the appeal will be sent to you within seven calendar days.



# Career break

## 1 What the policy covers

**YDH recognises that during your working life there may be times that you wish to take a substantial unpaid break. Our Career Break Policy has been designed to facilitate unpaid absence from work for between six and 12 months.**

This policy aims to allow employees to balance the demands and responsibilities of their personal life with work commitments and service needs, to maintain consistent management practice throughout YDH.

This policy will tell you if you're eligible, how to apply, and it will explain the effect on your employment terms and conditions.

## 2 Principles

- The policy supports YDH's commitment to improving work-life balance for all staff.
- In accordance with YDH's Equality and Inclusion Policy, the application of this policy will not discriminate, directly or indirectly, on grounds of race, ethnic origin, colour, gender, sexual orientation, age, marital status, religion, disability or trade union membership.
- You don't need to apply for a career break when you are entitled to be absent from work (eg when you are sick or on maternity leave).

## 3 Responsibilities

- The YDH Board of Directors has overall responsibility for ensuring that this policy is applied fairly and consistently.

- YDH managers will ensure that all requests for career breaks are given serious consideration and comply with the principles outlined below left.
- During your career break you are expected to keep in contact with your manager as agreed and inform YDH of any changes to your personal circumstances (eg change of address).
- You are expected to maintain professional links, such as membership of professional organisations and continuous professional development requirements, as well as to keep up to date with knowledge in your field.

## 4 Conditions

### 4.1 Eligibility

To qualify to apply for a career break you must:

- have been employed by YDH, continuously on a substantive basis, for at least 12 months and
- have demonstrated a commitment to continuing your career with YDH.

### 4.2 Length of career break

A career break normally lasts for a minimum of six months and a maximum of 12 months. You can apply for more than one career break during your employment, providing the combined length of the breaks does not exceed three years.

Once the career-break period has been agreed, returning to work earlier than the date specified can only take place in line with operational requirement and contractual notice periods.

**“During your career break you are expected to keep in contact with your manager as agreed and inform YDH of any changes to your personal circumstances”**





#### 4.3 Effect on your current terms and conditions

For statutory purposes, the period of your break will count towards continuous employment, but all other terms and conditions with YDH will be frozen. For example, your career break period will not count as reckonable service when calculating entitlement to annual leave, sick pay, contractual redundancy pay and any other benefits dependant upon length of service. Nor will there be any entitlement to any benefits such as sick pay during your break. You should also find out how a career break may affect your pension.

#### 4.4 Returning from a career break

You will be expected to return to a substantive post at the end of your career break for no less than one year. Where possible, you will be accommodated in a post of similar nature (ie band) to your post before taking your career break. If not possible, alternatives will be sought in accordance with YDH's Redeployment Policy.

You may be expected to undertake training when you return to work. The content and duration will depend on the length of the break, the post and any changes in working practices, legislation or policy.

#### 4.5 Not returning from a career break

In the event of organisational change, YDH reserves the right to terminate your employment on grounds of organisational change/redundancy following the required consultation procedures, by giving the required period of notice set out in your contract of employment and in line with YDH's Redundancy Policy.

If you want to resign from your employment with YDH during your career break, you must submit your resignation to your line manager in writing, giving the amount of notice specified in your employment contract.

## 5 Applications

Applications may be made for numerous reasons. In considering each application, managers will need to take into account the impact on service delivery and effect on colleagues.

Applications will normally be approved for:

- long-term caring responsibilities
- extended periods of travel or voluntary services
- personal reasons, for example, following ill health
- undertaking further education.

Any other reason will be considered on its merit. You should submit your application in writing to your manager at least three months before you want to start your career break, using the Career Break Application form, which is available to download from the HR Forms section of YCloud (the YDH staff intranet site).

Your manager will arrange to meet with you and an HR representative to discuss your application and will confirm their decision in writing to you.

If agreed, the letter will confirm your start and return dates and any conditions that apply. Your manager will also complete a Changes form to ensure your personal record is updated. If your application is refused, the letter will explain why.

**“You may be expected to undertake training when you return to work, the content and duration will depend on the length of the break, the post and any changes in working practices, legislation or policy”**

## 6 Appeal

If your application for a career break is turned down, you may appeal against this decision under YDH's Grievance Policy, which includes both informal and formal processes (see page 56).



# Conduct and standards

## 1 What this policy covers

This policy covers key YDH standards of behaviour that must be maintained. It provides a general overview for all staff, which supplements professions with professional codes of conduct. Policy breaches may result in disciplinary action – including dismissal in cases of gross misconduct.

## 2 Principles

- The YDH Board of Directors is committed to practicing the conduct and standards outlined in this policy and will lead by example.
- A high standard of conduct is expected at all times.
- In line with YDH iCARE principles, you must perform your role in an efficient and courteous manner, with concern and respect for the feelings of others.

## 3 Responsibilities

- All staff have a duty to adhere to the standards of behaviour required by YDH and to behave reasonably at all times.
- You are expected to comply with your terms and conditions of employment, as well as YDH and departmental policies, which can be found on YCloud (the YDH staff intranet site). If you have any questions about the content or relevance to you, seek advice from your manager or the Human Resources Department.

**“You must undertake your role in an efficient and courteous manner, with concern and respect for the feelings of others”**

## 4 Conduct and standards

### 4.1 Attendance and fitness for work

You are required to:

- arrive at work promptly, ready to start work at your contracted start time
- remain at work until your contracted finishing time
- obtain authorisation from your manager if you need to start later or finish earlier
- inform your manager if sickness, a domestic emergency or any other reason means you cannot come to work. Use the process outlined in the Sickness Management Policy (see page 134).
- be fit for work at all times and should not be affected by alcohol, drugs or excessive tiredness.

### 4.2 Conduct standards

You should:

- maintain satisfactory standards of performance at work
- comply with all reasonable management instructions
- cooperate fully with your colleagues and with management
- ensure you treat everyone politely and with respect
- take all necessary steps to safeguard YDH's public image and maintain positive relationships with all people and organisations connected to YDH
- ensure you comply with the standards detailed in YDH's Equality and Inclusion, Bullying and Harassment and Disability in the Workplace Policies
- safeguard the assets and financial interests of YDH.

### 4.3 Confidentiality

Much of the information to which you have access is confidential. It must be kept confidential except where required by law, both during your employment and after leaving, all information gained in the course of your



employment about YDH and all persons and organisations connected with YDH.

#### 4.4 Conduct while representing YDH

As a general rule, behaviour outside of normal working hours is a personal matter and does not directly concern YDH. However, there are some exceptions. YDH will become involved when incidents occur:

- at office parties or other work-related social occasions or gatherings
- at social occasions or gatherings organised by a third party, where you have been invited in your capacity as an employee
- at a work-related conference
- while working away on behalf of YDH.

On these occasions you are expected to behave in an appropriate and responsible manner, keeping in mind that you are representing YDH. You are instructed specifically not to consume any alcohol at such events if you are driving.

#### 4.5 Dress and appearance

Your personal appearance makes an important contribution to YDH's reputation and image. For this reason it is important that your dress and appearance is smart, clean and professional and is appropriate for the environment in which you work.

**“You must not remove property belonging to YDH from the premises unless for use on authorised business”**

#### 4.6 Property and equipment

You must not remove property or equipment belonging to YDH from the premises unless for use on authorised business or with your manager's permission.

If you damage YDH property through misuse or carelessness, YDH may reclaim the repair or replacement costs from you. Once your employment has ended you must return all YDH property, including keys, laptops, mobile phones, vehicles and any documents belonging to YDH.

#### 4.7 Security and health and safety

Our Health and Safety Policy sets out the security and health and safety requirements you must adhere to. The unauthorised cutting of keys or sharing of key codes is not permitted.

#### 4.8 Smoking

To provide a pleasant and healthy working environment, smoking is prohibited on YDH premises and grounds. You cannot smoke in patients' homes nor in any vehicle owned by or under lease by YDH. You are expected to adhere to the smoking policies of other organisations you visit as part of your duties.

#### 4.9 Private phone calls, mail and email

It is recognised that on rare occasions you may need to make or answer urgent, brief personal phone calls while at work. However, excessive telephone use and making overseas personal calls are not allowed. Mobile phones should be switched off or have their ring tones set to silent during your working hours.

While occasional urgent and brief private emails are acceptable, they must not include any attachments, language or images that could be deemed to be offensive. Small amounts of stamped mail may be sent through YDH's mail collection facility. However, you may not use the franking system or stamps provided by YDH for private mail.

#### 4.10 Finance

You must be aware of and adhere to YDH Standing Financial Instructions (available on YCloud), because they apply to your work and responsibilities. You are expected to declare any relevant interests in accordance with YDH policy.

#### 4.11 Accepting gifts and hospitality

You must adhere to YDH's Standards of Business Conduct policy rules on accepting gifts and hospitality (available to view on YCloud).

#### 4.12 Environment

To provide a cost-effective service, you should use YDH equipment, materials and services efficiently. Try to reduce wastage and lessen environmental impact by closing windows, avoid using lighting or heating unnecessarily or leaving taps running. Switch off equipment when not in use and handle all materials with care.



# Disability in the workplace

## 1 What this policy covers

**Under the Equality Act 2010, it is unlawful for employers to treat a job applicant or employee less favourably because they have a disability. This policy will:**

- help you understand what is meant by the term “disability”
- explain YDH's responsibilities in complying with this policy
- tell you how you can raise a concern or make a complaint if you feel you or someone else has been unfavourably treated on grounds of disability.



## 2 Definitions

**Disability:** The term covers physical and mental impairments that have a substantial and long-term effect on someone's ability to carry out normal day-to-day activities, including duties associated with their employment.

**Substantial:** A “substantial” effect means more than limitations that occur as a result of general abilities and capabilities that exist among people.

**Long term:** A long-term effect of impairment is defined as one:

- which has lasted at least 12 months or
- where the total period it lasts is likely to be at least 12 months or
- which is likely to last for the rest of the life of the person affected.

**Normal day-to-day activities:** An impairment considered to effect the ability of a person to carry out normal day-to-day activities only if it affects one or more of the following:

- mobility
- manual dexterity
- continence
- ability to lift, carry or otherwise move everyday objects
- speech, hearing or eyesight
- memory or ability to concentrate, learn or understand
- perception of the risk of physical danger.

**“YDH recognises the benefits of a diverse workforce and is committed to supporting applicants/employees with a disability to be part of its workforce, and values their contribution to delivery of patient care”**



“YDH has a duty under the Equality Act to make reasonable adjustments to prevent a potential or current employee with disabilities from being placed at a substantial disadvantage by any physical feature of the premises or by any YDH provision, criteria or practice”

### 3 Principles

- The YDH Board of Directors is committed to ensuring that no applicant or current employee is subject to discrimination, harassment or unfair treatment on grounds of their disability.
- YDH recognises the benefits of a diverse workforce and is committed to supporting applicants or employees with a disability to be part of its workforce, and values their contribution to delivery of patient care.
- YDH will promote positive attitudes towards people with disabilities.

### 4 Responsibilities

- The Executive Directors are committed to adopting and promoting the key principles within this policy.
- The Board of Directors will ensure that any concerns raised or complaints based on an individual's disability will be taken seriously and dealt with promptly and efficiently.
- YDH managers and heads of department are responsible for ensuring the practical application of this policy at a local level and are expected to promote high standards.
- All employees and those who act on YDH's behalf must adhere to this policy when undertaking their duties or when representing YDH.

### 5 Policy in practice

#### 5.1 Reasonable adjustments

YDH has a duty under the Equality Act to make reasonable adjustments to prevent a potential or current employee with disabilities from being placed at

a substantial disadvantage by any physical feature of the premises or by any YDH provision, criteria or practice.

When deciding whether or not an adjustment is reasonable YDH will consider the:

- effectiveness of the adjustments in preventing the disadvantage
- financial and other costs of the adjustment and the extent of any disruption caused
- extent of the employer's financial or other resources.

Failure to make reasonable adjustments cannot be justified.

#### 5.2 Bringing a concern/raising a complaint

YDH will treat seriously all complaints or concerns raised in respect of discrimination or harassment of potential employees or employees on the basis of their disability.

Should you wish to make a complaint or raise a concern under this policy you should tell or write to your manager or a member of the HR team. Your complaint will be managed under YDH's Grievance Policy.

#### 5.3 Your right to be accompanied

YDH recognises that some situations may be distressing, therefore a colleague or trade union representative may accompany you to informal meetings if you feel this would support you and help to resolve the grievance. If so, prior to any meeting, you should inform the manager with whom you are raising the concern that you will be accompanied.

“YDH will treat seriously all complaints or concerns raised in respect of discrimination or harassment of potential employees or employees on the basis of their disability”



# Disciplinary

## What this policy covers

**This policy provides a framework for maintaining satisfactory standards of conduct. We want to ensure that when something unexpected occurs, a robust process is followed to determine what should happen next. We're committed to ensuring that the practice of reflection and improvement is embedded at YDH.**

This policy seeks to ensure that any disciplinary matter is dealt with fairly and that *the first steps taken are to establish the facts*. This policy applies to all YDH staff (including those in a probation period) except medical and dental staff, where the YDH Maintaining High Professional Standards Policy should be used.

## Expected behaviour

We should all work in accordance with YDH's iCare values and follow the expected standards of behaviour outlined in the Conduct and Standards Policy and through codes of conduct set by professional bodies. Where conduct falls short of these, they may be considered as misconduct or gross misconduct (definitions of these can be found in Appendix 1).

### A "Just Culture"

This policy embeds a "Just Culture" approach to managing concerns, which can be seen as an environment where equal emphasis is put on accountability and learning, and one that when an adverse event it instinctively asks "what went wrong?" rather than "who is to blame?"

### When an incident or concern is raised

If there is reasonable belief that an incident or event has taken place or that something has happened that raises concerns about conduct or behaviour, your manager (or appropriate other manager depending on

the nature of the issues raised) will carry out an initial fact-finding exercise to better understand what led to the event.

They will use the "Just Culture" guide to assist this process and will be advised by HR when completing the fact-finding exercise.

## Fact-finding

The key objectives of the fact-finding will be to:

- establish dates and times
- identify who was involved and who witnessed events (and their lead-up)
- take statements that may assist in establishing the facts
- review documentation and evidence as appropriate.

### Absence during fact-finding

Because of the seriousness of some concerns, very rarely, we may ask you not to attend work while the fact-finding exercise is carried out. This decision will only be taken if genuine risks are identified and all alternative options have been ruled out.

Where this is considered, your manager will seek approval from another senior manager and both will be advised by HR. If this happens, we will fully explain the reasons for the decision. It does not constitute disciplinary action or any assumption of guilt, but is to ensure the welfare of everyone involved and to support a fair and timely fact-finding process.

**"This policy embeds a 'Just Culture' approach to managing concerns, which can be seen as an environment where equal emphasis is put on accountability and learning"**



### Pay during your absence

You will remain on your normal pay (ie the pay you would have received if you have been at work based on a 12-week reference, excluding bank shifts), except where you have:

- allowed your professional registration to lapse
- lost your entitlement to work under the Immigration and Asylum Act.

During this period, we will maintain weekly contact with you and will always aim to keep this period as short as possible. If you are asked not to attend work, we may refer you to Occupational Health so that we can identify how to best support you during this time. Before doing this, we will discuss it with you.

### Outcomes from the fact-finding process

The manager will present the key facts in a report to a panel of two independent managers who will work with HR to decide what should happen next.

The options will include:

- organisational and/or team learning
- Individual or team support to change behaviours or practice.

If individual conduct or behavioural issues are identified, the following measures will be considered:

- an informal discussion with your manager, an action plan or other support
- an action plan and/or other support and written advice and guidance
- formal disciplinary action
- use of another policy.

In these instances, your manager will meet you, go through the fact-finding outcome and explain how your conduct or behaviour has fallen short of expectations.

Your views and responses will be heard and the focus will be on supporting you to help improve or adjust your behaviour to an acceptable standard, which may include an action plan. Advice and guidance from your manager will be confirmed in writing and will be kept on your personal file.

Where informal discussion or management advice and guidance have failed to address the conduct or behaviour concerns, or more serious issues are identified from the fact-finding, the formal disciplinary process may be followed.

### Agreed warning

Where the panel has decided on formal disciplinary action, but you have taken full responsibility for your actions and accept the outcome reached, it may be possible to agree a warning without the need to move to a disciplinary meeting.

Where the panel has determined a level of sanction that may be offered (up to and including a final written warning), your manager will discuss this with you. The disciplinary rules will be used to decide warning level.

If you do not accept the outcome reached or level of sanction offered, the formal disciplinary process will be followed.

### Formal disciplinary process

Where fact-finding establishes more serious behaviour or conduct issues that should be considered using the formal disciplinary process, your manager will confirm this to you in writing, giving at least 10 calendar days' notice. This will include:

- date, time and venue of the meeting
- sufficient information about any alleged misconduct and its possible consequences
- copies of written evidence to be considered at the meeting, so you can prepare your response
- the right to be accompanied by a trade union representative or work colleague.

If you have any papers you want to submit for the meeting, please send these to your manager at least five calendar days in advance of the meeting, so that they can be distributed.

### Safeguarding your health and wellbeing

We understand that going through disciplinary procedures can be very upsetting and we want to ensure that you are properly supported throughout. We will agree a communication plan and ensure that you are given access to wellbeing services.

### Disciplinary meeting

The meeting will be held without unreasonable delay and you should make every effort to attend. Two independent managers will chair the meeting and they will be advised by an HR representative. They will explain the concerns, go through the evidence with you and give you the opportunity to respond and put your case across.

You will be given reasonable opportunity to ask questions, present your own evidence and (where appropriate) call relevant witnesses. The fact-finding report will provide the basis of the management case, however, where clarity is required at the meeting, the disciplinary manager may ask them to attend.

Normally, we will record the meeting and provide you with a transcript afterwards. However, if we're unable to record, a note-taker will attend. If you need any reasonable adjustments for the meeting, please inform your manager or HR.

### Witnesses

There is no right for either party to question witnesses directly at a disciplinary meeting. In the first instance, therefore, we will use statements or accounts taken during fact-finding, where permission has been given to use these.

If it is considered necessary to ask a witness to attend a meeting, the name and role reasons for attending will be required in advance, and all parties will be informed before the meeting.

### Being accompanied

You can bring a trade union representative or work colleague to formal meetings. If they are not available on the proposed date or time of the meeting, we'll talk to you about another date and time, as long as this is reasonable and as soon as possible.

Your companion can address the meeting to put or sum up your case, respond on your behalf and confer with you during the meeting. However, they cannot answer any questions on your behalf, address the hearing if you do not want them to or prevent the disciplinary manager from explaining the concerns or going through the evidence with you. If you require reasonable adjustments for the meeting, please contact HR.

### Decision and outcome

As far as possible, the outcome of the disciplinary meeting will be given verbally and confirmed in writing, including the right of appeal, within seven calendar days.

If the meeting is adjourned to consider further evidence before reaching a decision, you will be asked whether you want to receive the outcome in writing. Alternatively, a further outcome meeting can be arranged. If you did not attend the meeting, the outcome will be confirmed in writing. Where appropriate, we may notify your professional body of the outcome.

### Disciplinary sanctions

In determining the outcome, consideration will be given to the evidence presented and documentation reviewed. The panel will adjourn to decide whether there are reasonable grounds to believe that misconduct or gross misconduct has taken place and whether disciplinary action is warranted. This decision will be based on the balance of probability from the evidence available.

Consideration will be given to:

- the seriousness of the conduct and any explanation given or any mitigation
- any previous conduct record
- actions taken in a similar case
- whether the action considered is proportionate and reasonable in the circumstances.

The sanctions available are detailed opposite, although this list is not exhaustive. They will also consider any wider actions or implications for YDH.

**“Consideration will be given to the evidence presented and documentation reviewed. The panel will adjourn to decide whether there are reasonable grounds to believe that misconduct or gross misconduct has taken place and whether disciplinary action is warranted”**



## Formal written warnings

<b>First written warning: 12 months</b>	Where conduct has fallen below acceptable standards and informal guidance has not resulted in sufficient improvement or where the offence is sufficiently serious to justify an immediate formal sanction.
<b>Final written warning: up to 24 months</b>	Where conduct continues to fall significantly below acceptable standards and previous warning(s) has not resulted in sufficient improvement. Misconduct is so serious that a first and final written warning is appropriate. Dismissal is a clear possibility, but significant mitigating circumstances are accepted.
<b>Dismissal: contractual notice or without notice</b>	<p>Considered where there has been gross misconduct or a current final written warning and further misconduct or unsatisfactory conduct has taken place.</p> <p>Dismissal <b>with</b> contractual notice: This will apply unless it is for gross misconduct (ie where this is a result of a series of warnings).</p> <p>Dismissal <b>without</b> contractual notice (summary dismissal): Actions of gross misconduct will, except in the most exceptional circumstances, justify dismissal without notice.</p>

Where you have been issued with a first or final written warning, your incremental pay progression will be withheld for the period of time the warning is active.

- the sanction or decision was too severe
- new relevant evidence has come to light since the last hearing.

### Other action short of dismissal – extension of final warning/ redeployment/down banding

According to the circumstances of the case, other action may be considered as an alternative to dismissal. This may involve redeployment, down banding or change of work pattern. A copy of the letter confirming formal warnings, down bandings, redeployment or dismissal, plus the investigation report, will be retained on your personal file.

### The appeal meeting

An appeal meeting will review the decision taken at the disciplinary meeting, but it will not be a re-hearing of the case, unless, for example, new information is provided that was not available at the disciplinary meeting, which is likely to impact the decision. Otherwise, the appeal will concern whether the decision taken was reasonable in light of all the circumstances and evidence provided at the disciplinary meeting and the process followed.

## Right of appeal

You'll always be given the right to appeal any disciplinary sanction. The disciplinary outcome letter will explain how to appeal. You must appeal within seven calendar days of getting your outcome letter, but this will be extended in exceptional circumstances.

An appeal panel will consist of two managers who have not been involved in your case. The chair will be a more senior manager. You will be invited to attend an appeal meeting, which will be your opportunity to explain the reasons for your appeal. You will be asked to provide documents related to your appeal at least five calendar days before the meeting.

You can appeal if you believe:

- there was a defect in the procedure, which may have a material effect on the decision
- not all evidence was considered or proper account was not taken of evidence referred to at the hearing

The appeal will be supported by a more senior HR representative, and you may bring a trade union representative or a workplace colleague as your companion. Witnesses may only attend where considered essential to your appeal. Where possible, statements or accounts will be used. If witnesses are to attend, it must be agreed ahead of the meeting. A letter

confirming the appeal outcome will be sent to you within seven calendar days of the meeting.

#### Availability for formal and appeal meetings

If you cannot attend a meeting because of reasonable circumstances beyond your control, a further date will be arranged. We'll talk to you about why you're unable to attend and will consider options that could include holding a meeting via phone or video, or allowing a submitted written response for the disciplinary manager to consider. A representative may agree to attend on your behalf in your absence. In rare circumstances, we may decide to hold the meeting in your absence.

You may decide not to attend an appeal meeting, in which case, we will hold the meeting based on your submission, as long as we receive this at least five calendar days before the meeting date.

#### Confidentiality

Information obtained under the disciplinary procedure will be managed and kept confidential for as long as this is needed by YDH and we will also place any correspondence on your personnel file.

## Appendix 1: Disciplinary rules

This indicates the standards of behavior expected from us all in relation to our roles at YDH. It is not possible to specify all the rules and regulations that apply and the list of disciplinary rules below are a general guide in respect of very serious misconduct. Other less serious acts may result in disciplinary action short of dismissal. In any event, YDH will consider each case on its own merits before disciplinary action is taken.

#### Gross misconduct

Certain offences are regarded as so serious that YDH would not tolerate the continued presence at work of someone who commits them. Normally, such offences are considered acts of gross misconduct, which would, in the absence of substantial mitigation, result in summary dismissal. Summary dismissal involves dismissal without the need for previous disciplinary warnings.

#### Behaviour outside of work

The examples of gross misconduct listed below relate to offences committed during normal working time while on duty. Behaviour outside work may also be dealt with under the disciplinary procedure, if it affects your continued suitability for employment and/or brings YDH into disrepute.

The following are examples of offences considered to represent gross misconduct. It is not a comprehensive list and other offences not listed may also be considered gross misconduct.

- physical or psychological ill treatment or abuse of patients or colleagues
- acts of violence (including physical assault of a colleague, patient, member of the public) and fighting at work
- being unfit for duty for other than medical reasons including being intoxicated while on duty through drink or drugs and the misuse of drugs that impairs your ability to work (refer also to YDH Alcohol and Drugs Policy)
- intentionally viewing or downloading pornographic or other derogatory, defamatory, obscene or inappropriate material from internet or email systems
- inappropriate use of YDH data or computing equipment, including social media
- serious insubordination
- acts considered to bring YDH into serious disrepute
- bullying, harassment or discrimination contrary to YDH's policies
- corruption during the course of employment or where this has a detrimental impact on YDH
- deliberate disclosure of confidential patient, staff or YDH information to an unauthorised person
- deliberate and/or continued failure to follow reasonable instructions
- failure to disclose criminal convictions
- fraud – any deliberate attempt to obtain money or goods through falsification of records or documents (eg time sheets, travel and expenses claim forms)
- indecency or sexual offences
- malicious damage to YDH property or equipment
- theft or attempted theft during the course of employment
- willful negligence in any action/failure to act which threatens the health and safety of any member of staff, patient or member of the public
- being absent without leave (AWOL).



If you are summarily dismissed, your pay will cease from the date of your being informed of your dismissal. If you are reinstated on appeal, you will be paid as if at work and continuity of service will be restored.

### Criminal offences

If you are charged or convicted of an offence, whether committed on duty or outside of work, we will consider whether the offence renders you unsuitable for continued employment and may take action up to and including dismissal. YDH reserves the right to take action independently of any legal proceedings. Where the offence or police investigation relate to mistreatment of a child or an “at risk” or vulnerable adult, the manager must inform the YDH Safeguarding lead/team, who will consider whether to contact the Local Authority Designated Officer (LADO). If you are subject to a police investigation, you’re obliged to inform your manager.

### Misapplication of this policy

If you believe this policy has not been applied properly, you can use the YDH grievance procedure to outline and raise your concerns. If the concern relates to an ongoing disciplinary process, this will be addressed as part of the disciplinary procedure.

### Referrals to professional bodies and other agencies

Depending on the nature of the concern, if you are registered with a professional body, the regulatory body may be notified. This decision will be taken by the most senior professional lead from the Directorate, in conjunction with the relevant professional lead for YDH, such as the Director of Nursing or Head/Chief of Service.

Where appropriate, investigations carried out by the counter fraud team and other agencies (eg the police, social services) may be carried out separately from this procedure. YDH will give full cooperation to external investigations and will only delay the internal

disciplinary procedure where absolutely necessary. Where cases include serious personal data breaches likely to result in risk to the freedoms of data subjects, YDH has a legal duty to report such cases to the Information Commissioners Office (ICO) within 72 hours. Where there is a potential data breach, YDH’s Data Protection Officer (DPO) must be notified as soon as possible.

### Authority to take disciplinary action and decisions about absence from work

Anyone acting on behalf of YDH in supporting the implementation of this policy must have undertaken relevant fact-finding and panel member training.

**Band 6 and above** will be able to carry out fact-finding exercises.

**Band 6 and above** have the authority to hold disciplinary meetings and issue formal warnings.

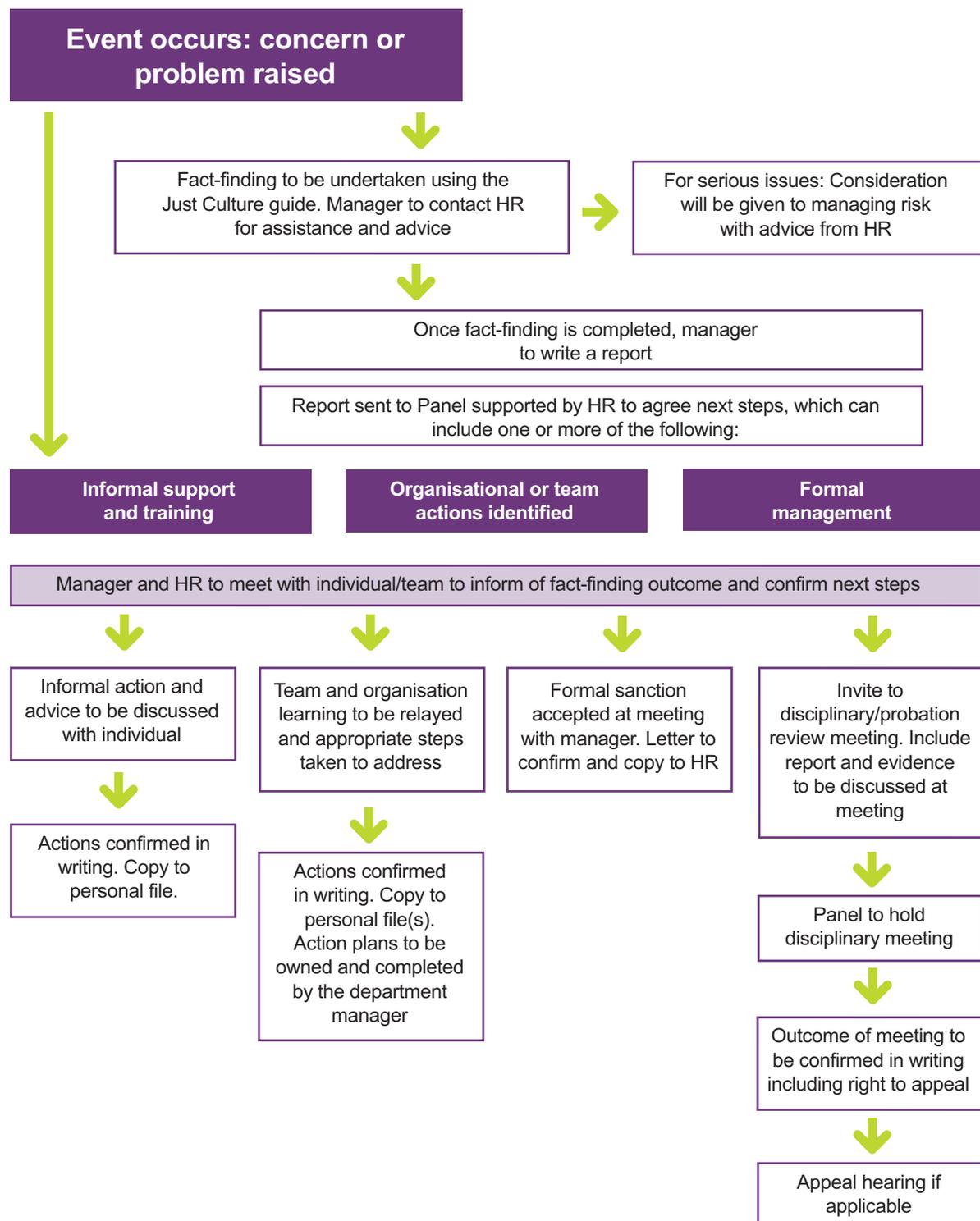
**Band 7 and above** have the authority to make decisions about absence from work, hold disciplinary meetings and issue formal sanctions up to and including dismissal.

**Band 8a and above** have the authority hold appeal meetings and make or change decisions regarding sanctions, dismissal and re-instatement.

“If you believe this policy has not been applied properly, you can use the YDH grievance procedure to outline and raise your concerns. If the concern relates to an ongoing disciplinary process, this will be addressed as part of the disciplinary procedure”



## Appendix 2: Disciplinary flowchart





# Disclosure and Barring Service checks

## 1 What this policy covers

This policy provides guidance on which posts require a Disclosure and Barring Service (DBS) check. It explains roles and responsibilities when obtaining and interpreting checks to make employment decisions, with the key stages of the process outlined.

## 2 Principles

YDH is committed to providing a transparent, professional, credible and equal process for handling all DBS checks by:

- complying with YDH's Equality and Inclusion and iCARE principles
- ensuring those with a criminal record are treated fairly and able to establish their suitability for the vacancy they have applied for
- ensuring that disclosures complement existing recruitment practice
- ensuring appropriate use of information the DBS provides
- processing disclosures only after a conditional offer of employment is made
- ensuring that NHS employment standards are met
- ensuring that these principles also apply to volunteers.

## 3 Responsibilities

- YDH will ensure that a standard or enhanced DBS check is conducted for all eligible positions (including volunteers), in line with the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended) and the Police Act 1997 (Criminal Record) Regulations 2002 (as amended).
- The recruitment team will ensure the check is

obtained in a professional, timely and responsive manner.

- The recruitment team will also support managers by providing fair and consistent advice regarding the process and DBS check outcomes.
- Managers will ensure that recruiting decisions are made fairly.
- Managers must complete a risk assessment if a conviction is declared and take a reasonable and pragmatic approach, seeking advice from the Safeguarding Team if appropriate.
- If an individual has a criminal conviction, police caution, legal reprimand or warning, they must inform their manager.

## 4 Policy in practice

DBS requirements will be determined before each post is advertised, so that prospective employees know the check will take place before they apply and to ensure that relevant DBS questions are asked on the application form.

Following a conditional offer of employment, all candidates will complete a declaration – either Declaration Form A (for posts exempt from the Rehabilitation of Offenders Act 1974) or Declaration Form B (all other posts). The recruitment team will check this and, if any criminal conviction, police caution, legal reprimands, warnings (or other information) is declared, speak to the recruiting manager about it (see 4.3).

**“DBS requirements will be determined before each post is advertised, so that prospective employees know the check will take place before they apply ”**

The recruitment team will instruct the online system to send details of the online DBS application to the candidate for them to complete.

To submit the online DBS application, the recruitment team must enter confirmation of the identity documents provided by the candidate, to the standards set by the DBS. Broadly, this is either:

- one form of photographic ID and two documents as proof of address or
- two forms of photographic ID and one document as proof of address.

If a candidate can't supply the above documents, the recruitment team will support them by explaining which documents they can supply to proceed with the DBS check. For more visit: [www.gov.uk/disclosure-barring-service-check/documents-the-applicant-must-provide-](http://www.gov.uk/disclosure-barring-service-check/documents-the-applicant-must-provide-)

The online application system will notify the recruitment team when the DBS check is complete and state whether the certificate reveals any information (but not the content of that information.) If the check is clear and doesn't show any information, the online confirmation will be sufficient proof that the check is complete. The candidate will be sent the certificate directly by the DBS.

If the DBS check reveals information regarding criminal convictions, the candidate will share the DBS certificate with the recruitment team so that the details can be recorded and a decision be made regarding their appointment (see section 4.3).

YDH will cover the cost of the initial DBS check. All candidates requiring a DBS check will be encouraged to sign up to the DBS Update Service. For an annual fee, candidates using it can have their DBS certificate kept up to date and take it with them to other

**“YDH will cover the cost of the initial DBS check. All candidates requiring a DBS check will be encouraged to sign up to the DBS Update Service”**

organisations and from role to role, where the same type and level of check is required.

Further advice and guidance is available on the recruitment page of YCloud, the YDH intranet site and from the recruitment team.

#### **4.1 Eligibility for a DBS check**

The level will be dependent on the post applied for, as set out by the DBS. Bank and volunteer roles will be checked at the same level as the equivalent substantive role. New employees in one of the following categories, or existing employees moving into one of these categories, will be checked at the disclosure level as below. The DBS Decision Tree on page 44 is intended to be a helpful reference tool.

#### **Enhanced DBS**

An enhanced check will detail spent and unspent convictions, cautions, reprimands and final warnings. It may also include any non-conviction information, held by local police, where the police force considers it relevant to the role.

An enhanced DBS check can take place when the post requires the person to do one of the following activities regularly (ie at least once a week on an ongoing basis, more than four days in any 30-day period or at any time between the hours of 2am and 6am):

- care or supervision
- treatment or therapy
- teaching, training instruction, assistance, advice or guidance on emotional, physical or educational wellbeing – wholly or mainly for children or adults receiving health care service
- management of people engaging in any of the above activities on a daily basis.

#### **Barring lists**

In addition to the information on the enhanced DBS, this check will contain information on whether someone is listed on the DBS barred lists.

The barring list is a national record, kept by the Disclosure and Barring Service, of people who are unsuitable for working with children or adults because of their actions or behaviour. People on the barred lists can't do certain types of work and as such may not be



“Candidates who have lived outside the UK for more than six months in the past five years will be asked to provide an overseas police check from each of the relevant countries”

suitable for a role working with vulnerable people in a hospital setting.

The enhanced DBS check with barring information is only available for posts that include regulated activity such as:

- healthcare
- personal care
- assistance with cash, bills or shopping
- assistance with the conduct of their own affairs
- all unsupervised activity with children including teaching, training, caring for, supervising or providing advice/guidance on wellbeing.

Examples of posts eligible for an enhanced DBS without a barring list include:

- patient experience staff
- Non-Executive Director
- Director
- Chief Executive.

Examples of posts eligible for an enhanced DBS with barring list include:

- physiotherapist
- radiographer
- nurse
- midwife
- dentist
- doctor
- healthcare assistants/support worker
- pharmacist
- phlebotomist
- patient porter
- counsellor.

#### Standard DBS check

A standard check will show information on spent and unspent convictions, cautions, reprimands and final warnings.

The DBS states that a standard check can be processed for the following roles:

“Any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties.”

Therefore, YDH will conduct a standard check for all staff not eligible for an enhanced check working in clinical areas that will interact with patients as part of their role (not incidentally, such as in hospital corridors.)

Examples of posts eligible for a standard DBS check:

- receptionist in a clinical area
- ward clerk
- housekeeper.

#### Posts not eligible for a DBS

Posts where the person does not come into contact with patients as part of their role aren't eligible for a standard or enhanced-level DBS check. YDH cannot DBS check someone who is in one of these roles.

Examples of posts not eligible for a DBS check include:

- medical records clerk not working in a clinical area
- medical secretary not working in a clinical area
- librarian
- accountant
- HR advisor
- grounds person.

#### 4.2 Candidates who have lived overseas

Candidates who have lived outside the UK for more than six months in the past five years will be asked to provide an overseas police check from each of the relevant countries. In addition, YDH will carry out a DBS check. If the person is coming to the UK from overseas, this can only be undertaken once they arrive in the UK and should not delay the process of filling the vacancy.

### 4.3 Portability

To satisfy the requirements for a DBS, YDH can accept DBS certificates undertaken by other NHS Trusts in the past 12 months. It must be for the same level of DBS check and workforce as required for the post at YDH. The DBS certificate should be seen and verified as genuine by the recruitment department and the details recorded on ESR.

Where a positive disclosure is presented to YDH, a fresh DBS check will be applied for to ensure that all information held is current and up to date. See policy section 4.5 regarding how to proceed with a positive disclosure.

### 4.4 Starting employment without a DBS check

In very exceptional circumstances, employment may commence prior to receipt of the DBS check, providing a risk assessment form is completed (accessible on the recruitment page of YCloud), with the recruiting manager responsible for ensuring that all adjustments identified in the risk assessment are adhered to and that the individual does not work alone in patient areas.

However, this is not appropriate for posts involving working with children. The recruitment team and recruiting manager will complete the Risk Assessment form A (available in the Forms and Information section on YCloud) to assess the person's suitability before they start.

### 4.5 Positive disclosure

Candidates must inform YDH of any convictions, unspent or spent or relevant, as soon as practical.

Where cautions, investigations, convictions or any other information are declared by a candidate or revealed by a DBS check, the recruitment team will notify the recruiting manager and instigate a risk assessment form (accessible on the recruitment page of YCloud.)

The candidate will share the DBS certificate with the recruitment team, with the details informing an open and honest discussion about their suitability for the post. The Risk Assessment form B (available on the forms and information section on YCloud) should also be completed before any decision about the appointment is made.

**“Members of staff have a contractual responsibility to inform their manager should they receive a conviction, caution, reprimand or warning during their employment with YDH”**

Failure to reveal cautions, convictions or investigations on the job application form, declaration form or at interview may be cause for concern and impact the outcome of the risk assessment, leading to withdrawal of an offer of employment, dismissal from employment at YDH, referral to the NHS Counter Fraud Service and any relevant professional body.

### 4.6 Existing staff

Members of staff have a contractual responsibility to inform their manager should they receive a conviction, caution, reprimand or warning during their employment with YDH. Failure to disclose information may result in disciplinary action and possibly a referral to the NHS Counter Fraud Service.

Where an existing member of staff moves to a new post within YDH, they will not automatically need to be re-checked if their role, responsibilities and level of contact with vulnerable groups has not significantly changed.

However, existing staff will be asked to undertake a new check in the following circumstances:

- the DBS disclosure on file is more than three years old
- there is no DBS disclosure on file and they are moving to a position that now requires them to be checked
- they are moving into a role which now requires them to have a higher level of disclosure
- the new position means they will be working with a different vulnerable group and they must have a check against one or both barred list(s)
- they have had a break in service for more than three months between leaving the old position and taking up the new position
- there is reasonable cause to believe that a new DBS would reveal previously undisclosed information.



#### 4.7 Doctors in training

Doctors on educationally approved rotational training are regarded as being in continuous employment during the term of training and are therefore required to have a criminal-record check at least every three years, rather than each time they rotate.

YDH will seek written assurances from the host/previous employer that appropriate clearances have been obtained within the past three years and that the check is at the right level for their new post.

Where assurances cannot be obtained, or the new post changes the level of check required under the terms of the Safeguarding Vulnerable Groups Act 2006 (eg they will now be working with children and must be checked against the children's barring list) or where there is a specific concern about the individual's practice, YDH may carry out a new DBS check.

**“Students/trainees undertaking a placement at YDH should have a DBS check when starting their training course rather than each time they move to a new placement”**

#### 4.8 Clinical placements

Students/trainees undertaking a placement at YDH should have a DBS check when starting their training course rather than each time they move to a new placement. They cannot start the placement until a satisfactory check has been confirmed.

Written confirmation must be recorded of a satisfactory check having been undertaken by the Higher Education Institute (HEI). This must be either an official confirmation (including full details of the certificate and information included on the disclosure) or the original certificate being seen and verified as genuine by a nominated YDH employee.

If the DBS check reveals a positive disclosure, the HEI will share the content of the disclosure with the relevant department manager so that a decision can be made (with advice from the recruitment manager) as to their suitability to undertake a placement at YDH (as in 4.5). YDH may also decide to carry out a fresh check to ensure that all information held is up to date.

#### 4.9 External agency workers

Temporary staff supplied by an agency (including locum doctors) must have DBS checks at the appropriate level for the work they are doing at YDH (as in 4.1). YDH will request written confirmation that the agency has undertaken appropriate checks within the past three years (at least) or as per the service level agreement, whichever is more frequent. YDH will audit agencies annually to check DBS checks have been completed.

Agency workers will not be booked to work where this confirmation has not been provided. More frequent checks will be carried out where any such assurances cannot be provided or where there is a concern about someone's record.

If the DBS check reveals a positive disclosure, the agency will share the content of the disclosure with the staffing team so that a decision can be made as to their suitability to undertake the work at YDH (as in 4.5).

#### 4.10 Private contracts/estates and maintenance staff

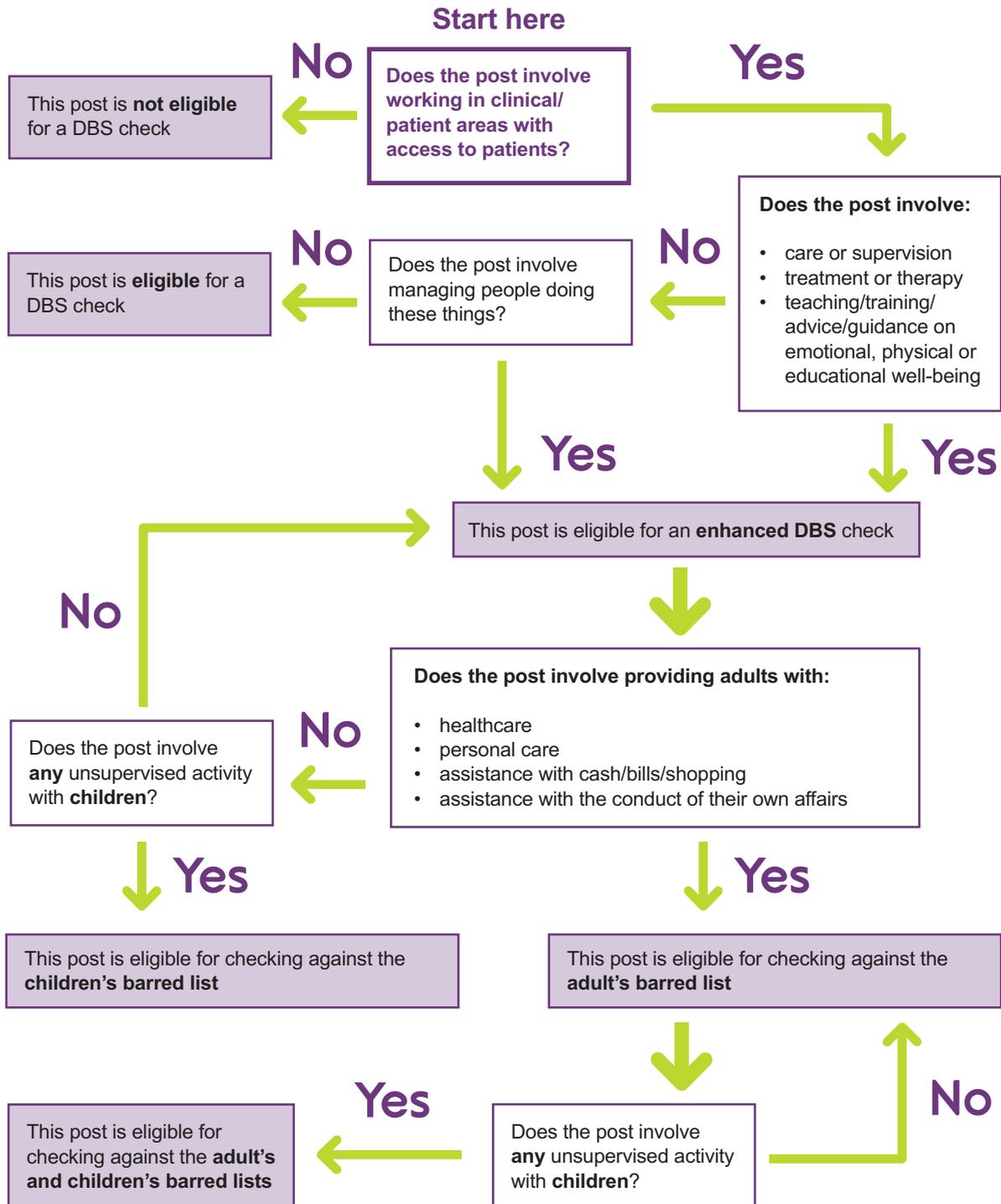
If staff need not be employed directly by YDH (eg a specialist contractor) to work in clinical patient areas, a DBS check must be carried out (at the appropriate level as described in 4.1) by the employing organisation or agency within the past three years (at least) or as per the service level agreement, whichever is sooner.

If the DBS check reveals a positive disclosure, the employing organisation will share the content of the disclosure with the relevant department manager so that a decision can be made as to their suitability to work at YDH (as in 4.5).

In exceptional circumstances, contractors may start work prior to receipt of the DBS check, providing a risk assessment form is completed (accessible on the recruitment page of YCloud), and that the project manager/estates manager takes responsibility for ensuring that all adjustments identified in the risk assessment are made and the person works under full supervision. However, this is not appropriate for posts involving working with children.

## Appendix 1: DBS eligibility decision tree

Please note this is not exhaustive and you should refer to 4.1 of the DBS Policy for further clarification.





# Dress and personal appearance

## 1 What this policy covers

This policy provides a guide for all staff regarding suitable standards of dress and appearance where uniforms or personal clothing is worn. The way in which employees dress and their appearance is key to portraying a good professional image, as well as contributing to the health and safety of staff, patients and visitors.

## 2 Principles

The standards outlined in this policy are designed to ensure that:

- they help to reduce infection
- where appropriate, personal protective equipment is worn to protect staff from risks associated with their work as identified through risk assessment
- wearing of other clothing reflecting cultural, ethnic or religious requirements will be considered
- a professional and positive image of staff and YDH is promoted.

## 3 Responsibilities

- YDH is responsible for ensuring that the standards outlined in this policy are communicated to all staff.
- YDH is responsible for providing personal protective equipment as appropriate.
- Managers are responsible for ensuring that staff are made aware of any additional requirements in respect of their work.
- Staff must wear the appropriate personal protective equipment provided for their post.
- Staff are responsible for following the standards of dress and appearance outlined in this policy and to give consideration to:



- the working environment
- health and safety
- infection control
- specific role and duties
- public interaction
- iCARE.

## 4 Policy in practice

### 4.1 All staff

#### Identity badges

All staff are supplied with an identity badge, which should be clearly visible when on duty. You must ensure that your badge is kept in good condition and clearly shows your name, role and photo. The use of a lanyard to display badges is not permitted for staff giving direct patient care, because of infection control and health and safety considerations. All other staff can use the iCARE lanyard or other healthcare professional lanyard.





### Dress code principles for all staff

Clothing should:

- be smart, clean, professional and present a positive image of YDH
- cover the body from shoulder to knee
- not restrict ease of movement
- not display prominent logos or pictures not related to the profession or YDH
- comply with infection control and food hygiene policies as appropriate.

Failure to comply with this policy may result in disciplinary action being taken. Staff dressed inappropriately for work will be asked to change.

### Uniform

A uniform is provided for many staff involved in both clinical and non-clinical roles. Staff required to wear a uniform must do so at all times when on duty unless there is an acceptable reason and agreement in advance from their manager.

In all instances, a uniform must only be worn openly while on hospital business or in private transport when

**“Staff required to wear a uniform must do so at all times when on duty unless there is an acceptable reason and agreement in advance from their manager”**

travelling directly to and from work. Wearing a uniform outside work and on public transport, unless it is fully covered, is not permitted. Staff changing facilities are available.

Uniforms should be washed at 60°C for at least 10 minutes to eradicate both *Clostridium Difficile* and MRSA. The cost of laundering will not be reimbursed by YDH, however, HM Revenue and Customs allows a flat rate tax deduction for the laundry of uniforms if there are no facilities to launder uniforms at work. Current rates can be viewed on the HMRC website.

Scrubs worn in theatres should only be worn in theatres. Theatre staff are advised that when they have been exposed to bodily fluids, they should change into clean scrubs before leaving the department. When leaving the department (eg for meal breaks), staff should wear a clean white coat at all times, closed and covering the scrubs.

### Footwear and clothing

Shoes must be non-slip, clean and in good repair. Flip flops must not be worn. Shirts should be formal, with ties being optional. If ties are worn, they should be removed for clinical procedures and regularly laundered. Smart below-knee shorts are permitted in warm weather for non-clinical staff. Combat-style trousers and jeans should not be worn.

### Grooming and personal hygiene

Staff should ensure that their hair, including facial hair, is clean and tidy and does not compromise infection control or health and safety provisions. Use of hair dye is an individual choice, but staff are requested to be mindful of displaying an appropriate corporate and professional image.

Staff are reminded of the importance of good personal hygiene. This not only presents a good professional image, but it is also important for good working relationships with colleagues. In consideration of others, staff who choose to wear them should use lightly scented deodorants, perfumes or aftershaves.

### Jewellery, piercings and body art

Staff should keep jewellery to a minimum. Any body art or facial piercings must be discreet and unlikely to cause offence to members of the public, patients or staff.





“YDH will consider accommodating clothing difference resulting for cultural, ethnic or religious reasons. Staff should discuss their requests with their line manager”

#### 4.2 Clinical staff

##### Footwear and clothing

Shoes must be black, low-heeled with non-slip soles. They must enclose heels and toes and be made of waterproof material. Plain black trainers are acceptable when worn with trousers and tunic. The wearing of mules/clogs/Crocs are not permitted on the wards or departments.

Theatre staff may wear clogs/Crocs as purchased by the organisation while in theatre, because these are washable and non-slip, unless an alternative has been agreed following Occupational Health Department advice.

Therapy staff can wear white unbranded trainers of a waterproof material.

Sleeve length must be designed so that arms are bare below the elbow to allow adequate hand decontamination in accordance with infection control policy.

Therapy staff can wear polo shirts and shorts. Trousers for nursing staff should be black or navy.

Cardigans should be navy or black for nursing staff. In all circumstances, they will be purchased by the individual member of staff, but not worn when giving direct patient care.

Tabards should only be worn in clinical areas for administering medicines.

If staff choose to wear a belt, fastenings may be worn provided they are fitted to enable the belt to be laundered frequently. Belt fastenings should be thoroughly cleaned each time the belt is changed.

##### Nails

In the interests of infection control, clinical staff should keep their nails short and neat. No nail varnish is to be worn. Artificial nails, including acrylics, must not be worn.

##### Jewellery

It is recommended that only stud earrings are worn and a plain ring may be worn at the owner's risk. If a ring is worn, this must be moved on the finger to ensure the area under it is washed and dried thoroughly. This is to ensure effective decontamination of the hands and lower arm.

To ensure adequate hand washing in accordance with infection control policy, clinical staff should not wear wristwatches and bracelets.

#### 4.3 Cultural exceptions

YDH will consider accommodating clothing difference based on cultural, ethnic or religious reasons. Staff should discuss their requests with their line manager, who may then take guidance from both Infection Control and the HR Department. However, at all times, patient care, infection control and health and safety will take priority. For example:

- **Patient Care:** head garments may be worn, but they must allow full facial exposure at all times.
- **Infection Control:** clothing must allow the correct hand washing procedures to be followed, this includes adhering to “Bare Below the Elbow” practice and hand-hygiene principles.
- **Health and Safety:** a chain may be worn under a clinical uniform, but should not interfere with routine work including manual handling techniques.



# Equality and inclusion

## 1 What this policy covers

**YDH recognises the benefits of having a diverse workforce and is committed to providing a working environment that is free from discrimination.**

YDH will ensure that no employee, worker or applicant is treated less favourably because of a protected characteristic, as defined by the Equality Act 2010:

- age
- disability
- sex
- sexual orientation
- gender reassignment
- religion or belief
- marriage
- pregnancy/maternity.

This policy sets out YDH's responsibilities in maintaining and promoting equality, diversity and inclusion. It will also tell you how you can complain or raise a concern if you feel you or another person is being discriminated against.

## 2 Types of discrimination

**Direct discrimination:** where someone is treated less favourably than someone else is or would be on grounds of any of protected characteristics (eg race, religion, disability, age, sexual orientation, gender, gender reassignment, pregnancy/maternity, political affiliation or trade union membership).

**Indirect discrimination:** where someone is treated less favourably than someone else, where there is a rule or policy that applies to everyone but disadvantages a person with a particular protected characteristic.

**Harassment:** this is behaviour deemed offensive by the person on the receiving end, is uninvited, unwanted and fails to respect individuals.

**Third party harassment:** where an employee is harassed relating to a protected characteristic by third parties such as patients or visitors.

**Victimisation:** when someone is treated badly because they have made or supported a complaint or grievance about discrimination.

## 3 Principles

- The YDH Board is committed to ensuring that no employee or job applicant is subject to unlawful discrimination, either directly or indirectly, on the grounds of any protected characteristics (see left).
- This applies to all aspects of employment, including recruitment and selection, training, promotion opportunities, terms and conditions of employment, grievance handling, application of disciplinary procedures and selection for redundancy.
- YDH will embed equality standards in everything it does and seek to promote the principles of equality and inclusion in all its dealings with employees, job applicants, patients, visitors, contractors, recruitment agencies and the public.
- All employees and those working bank or agency shifts will be protected from discrimination of any sort on grounds of any protected characteristic.

## 4 Responsibilities

- All employees and those who act on YDH's behalf are required to adhere to this policy when undertaking their duties or when representing YDH.
- Every staff member has a responsibility to bring any



potentially discriminating practice to their line manager's attention.

- The YDH Board of Directors is fully committed to adopting and promoting the key principles of equality and inclusion within this policy and will ensure that all our policies and procedures do not discriminate.
- YDH managers and heads of department are responsible for ensuring practical application of this policy at a local level and they are expected to actively promote high standards.
- The YDH Equality, Diversity and Inclusion Advisory Group will lead on the equality and inclusion agenda for staff, and will develop, monitor and add value to YDH's equality and inclusion strategic framework.
- The HR Department has a specific responsibility to ensure the promotion of equality and inclusion through its employment practices, policies and procedures.

## 5 Respect us

YDH is committed to developing and maintaining a safe and secure environment for its patients, staff and visitors and has a duty to take all reasonable steps to protect you.

Racial, violent or abusive behavior – including physical or verbal bullying or harassment by staff, patients and visitors – will not be tolerated and will be investigated and actions taken to support and protect those involved.



**“Racial, violent or abusive behavior – including physical or verbal bullying or harassment by staff, patients and visitors – will not be tolerated and will be investigated and actions taken to support and protect those involved”**

## 6 Networks

Staff-led Networks are essential for promoting equality and inclusion. They offer a collective voice, peer support and guidance, training and development opportunities, while proactively holding the board accountable.

YDH is committed to supporting any Staff Network or working group deemed as a supportive and productive group for both staff and patients. If you're interested in starting or joining an established group, please email [E&D@ydh.nhs.uk](mailto:E&D@ydh.nhs.uk)

## 7 Policy in practice

### Bringing a complaint or raising a concern

YDH will treat all complaints made under this policy seriously. If you believe that you've been discriminated against, you are encouraged to raise the matter as soon as possible with your manager, other senior manager or a member of the HR Department. YDH will treat all complaints made under this policy seriously.

Allegations regarding potential breaches of this policy will be treated in confidence and investigated thoroughly. If you make an allegation of discrimination, YDH is committed to ensuring that you are protected from victimisation, harassment or less favourable treatment because you have complained.

## 8 Equality Impact Assessment (EIA)

An EIA is essential when reviewing or devising new policies, procedures or services, to ensure that no staff, patients or visitors are discriminated against or are negatively affected. Please see YCloud for more information.



# Flexible working

## 1 What this policy covers

**In accordance with the Employment Act 2002, YDH has a statutory responsibility to carefully consider all requests for flexible working made by employees.**

This policy outlines who is eligible to make a formal flexible working request, the procedure that should be followed and issues that will be considered when deciding whether to agree to the request.

**“YDH has a strong commitment to improving working lives and will support you in positively exploring ways in which you can better balance your work and personal lives”**

## 2 Principles

- YDH has a strong commitment to improving working lives and will support you in positively exploring ways in which you can better balance your work and personal lives.
- YDH will make every effort to accommodate your request for flexible working.

## 3 Responsibilities

- The YDH Board of Directors has overall responsibility for ensuring that this policy is applied in a fair and consistent way.
- YDH managers will ensure that all staff making a request for flexible working are treated equally and fairly and will not unlawfully discriminate against any individual on the grounds of any protected characteristics (see page 48).

## 4 Policy in practice

### 4.1 Eligibility

To be eligible to make a request for flexible working, you must:

- have been employed by YDH for at least 26 weeks before making the request
- not have made a formal request to work flexibly during the past 12 months.

### 4.2 Options for flexible working

There are numerous ways you can change your current working hours and pattern, including moving to:

- Annualised hours – working your contracted hours flexibly throughout the year without affecting your regular salary payment.
- Term time working – concentrating your work hours within school term times to provide time off to look after children during school holidays.
- Voluntary reduction in working time – working fewer hours for an agreed period.
- Part-time working – where working hours are less than your standard full-time hours.
- Compressed hours working – where your contracted working hours are compressed into fewer days.
- Job sharing – you and one or more people share responsibility for your current role.
- Flexitime – working flexible hours during the day within defined limits.
- Home working.
- Secondments/redeployment – a temporary or permanent move to another post that has the working pattern you have requested.
- Self-rostering – where staff agree to organise themselves to work shifts/hours that need to be covered at the appropriate skill mix to meet the needs of the service, overseen by the line manager.



### 4.3 Remuneration and benefits

For all of the flexible working arrangements listed previously, YDH can arrange for payments to be made regularly, regardless of when hours are worked over the course of the year.

Payments would be made as though you were working a standard working week. This would involve recalculating your annual remuneration based on your new working arrangements and making regular payments in instalments on your current weekly or monthly payment basis.

It is important to note that moving to any flexible arrangement may result in changes to your annual leave and sick pay entitlements and you should seek advice about likely impact before making a final decision.

### 4.4 Stages

#### Making an application for change

If you wish to make an application to change your current way of working, write to your manager stating:

- the reason you want to change
- whether the change is requested on a temporary or permanent basis
- the nature of the change you seek
- the date you would like the change to be introduced.

After receiving your letter, your manager will arrange to meet with you to discuss your request. The meeting will provide an opportunity to discuss your desired work pattern in depth and how best it might be accommodated. It will also provide an opportunity to consider other working patterns, should accommodating the desired work pattern in your application prove difficult.

#### Decision

After your meeting, your manager will confirm in writing their decision to you. When deciding they will consider:

- the impact your requested change would have on service delivery
- how the change would affect your colleagues
- what the financial impact on YDH would be.

If your request has been agreed, the letter will confirm the new working arrangements and start date. Please note that if you agree to the change, you will have no automatic right to return to your original pattern of work if you wish to change again in the future.

If your request has been refused, the letter will give the reason(s) and tell you how you can appeal.

## 5 Appeal

Should you wish to appeal a decision to refuse your request, you can do so using YDH's Grievance Policy, which has both informal and formal stages (see page 56).

**“If your request has been agreed, the letter will confirm the new working arrangements and start date. Please note that if you agree to the change you will have no automatic right to return to your original pattern of work if you wish to change again in the future”**





# Freedom To Speak Up

## 1 What this policy covers

**This policy has been written to clarify the purpose and function of Freedom to Speak Up Guardians and reporting of concerns. This is in line with the recommendations from the Francis Report (2015) into NHS whistleblowing. All NHS organisations in England are expected to implement this minimum standard to help normalise raising concerns for the benefit of all patients and staff.**

This policy explains YDH's position on Speaking Up and explains the differences between various policies that can be used to raise different concerns.

### Scope

The policy applies to all YDH staff, whether directly or indirectly employed.

## 1 Introduction and purpose

1.1 YDH acknowledges that Speaking Up about any concerns employees have at work is really important. In fact, it is key to helping YDH to keep improving its services and the environment for staff and patients.

1.2 YDH understands that people may feel worried about raising a concern, but staff should not be put off. In accordance with our duty of candour, all senior leaders and YDH board members are committed to an open and honest culture.

1.3 YDH understands that an employee may have already spoken to someone without success or have raised an issue in another way, but feel that this has not been resolved or they may be unsure over what to do next. The policy enables staff to understand how to raise concerns at an early stage in the right way using the right policy.

## 2 What concerns can be raised under this policy?

2.1 If any member of staff has a concern about risk, malpractice or wrongdoing that they believe is harming a service YDH delivers, they can raise a concern.

All concerns can be raised confidentially. A concern may include (but is not restricted to):

- unsafe patient care
- unsafe patient practice
- unsafe working conditions
- malpractice and professional misconduct
- inadequate induction or training, especially linked to safe practice
- instances that affect working relations across a team or service rather than individual instances.

If in any doubt, please speak to a Freedom to Speak up Guardian (FTSUG).

### 2.2 Staff do not need to wait for “proof” before raising a concern.

Any matter raised will be reviewed and actions taken according to the findings.

### 2.3 What concerns are not covered by this policy?

- Individual instances regarding a specific working relationship – please refer to an HR advisor.
- Individual employment concerns – please refer to the YDH Grievance Policy and gain support from HR.

**“Any matter raised will be reviewed and actions taken according to the findings”**



### 3 Feeling safe to raise a concern

**3.1** Anyone who feels their concerns should be raised will be supported and they are not at any risk in relation to their job nor will they suffer a reprisal as a result. We ask that all staff act honestly and professionally. All concerns can be kept anonymous if you prefer this and you only need talk to the FTSUG. Concerns can also be raised anonymously through the Raising Concern site on YCloud, but all staff should feel safe speaking directly to a FTSUG.

**3.2** YDH will not tolerate any harassment or victimisation of anyone raising a concern, nor tolerate bullying by others when attempting to raise a concern. The FTSUG team can meet internally or externally and can also support any meeting via an online platform.

### 4 Who can raise a concern?

Anyone who works or has worked for the NHS or anyone who is working independently providing a service to the organisation can raise a concern. This includes students, temporary workers, agency workers, volunteers and governors.

### 5 To whom should you raise a concern?

Most concerns can be raised informally to a line manager, clinical tutor or lead clinician, but if you don't think this is appropriate you can speak to:

- YDH's Quality or Safety Teams
- an Executive or Non-Executive director of YDH
- FTSUG
- an equality, diversity and inclusion advisor
- HR.

It is up to you who you raise your concern with and whether you remain anonymous and who is best placed to support you. The important thing is that you feel able to be open and share your concerns.

### 6 What will happen if you raise a concern?

**6.1** Please see flow chart in Appendix 1. YDH is committed to learning lessons and improving patient

**“YDH will not tolerate any harassment or victimisation of anyone raising a concern, nor tolerate bullying by others when attempting to raise a concern. The FTSUG team can meet internally or externally and can also support any meeting via an online platform”**

care. On receipt of a concern, a record will be made on the FTSUG database and an acknowledgment will be issued, even where this is done through YCloud anonymously (comments will only be on YCloud in these instances). The record of the concern will state the date raised by the individual, feedback or action to be taken and once complete, the conclusion noted.

The FTSUG will keep the staff member who raised the concern informed personally or via the site where they have remained anonymous.

**6.2** Where a concern has not been resolved quickly because of the complexity, type or multi-faceted nature of the concern, a fact-finding process will be actioned by an independent and properly trained individual (usually someone from a different area of YDH). If a concern identifies a serious incident, fact-finding will be carried out under the Serious Incident Requiring Investigation policy.

**6.3** Where a concern is considered to be a non-FTSUG matter, the staff member will be directed and supported to raise the matter with the appropriate team (eg HR for a personal work-related concern).

### 7 Roles and Responsibilities

#### 7.1 Employees

Employees are responsible for:

- Accepting professional accountability and maintaining the standards of professional practice as set by YDH's code of conduct and the appropriate regulatory body.
- Taking reasonable care of health and safety at work for themselves, their team, patients and others.
- Acting in accordance with the express and implied terms of their contract.



- Not discriminating against patients or staff and to adhere to equal opportunities and equality and human rights legislation.
- Protecting the confidentiality of personal information.
- Being honest and truthful.
- Reporting all incidents and concerns.
- Cooperating with any fact-finding conducted under the policy.

**7.2** Please remember that all health care professionals have a duty to report any concerns they have about patient care or safety.

**7.3** Managers are responsible for:

- Encouraging employees to raise concerns at the earliest opportunity.
- Being approachable.
- Taking any complaints/concerns made by staff seriously.
- Responding to any complaints/concerns positively within the prescribed timescales.
- Maintaining confidentiality.
- Ensuring that there is a fair process for fact-finding.
- Maintaining good communication with the employee/s who raised the concern.
- Acting consistently and fairly.
- Providing support to staff.
- Keeping clear and concise records of the dates and time of action taken.

#### **7.4 Freedom to Speak Up Guardian**

The group of Freedom to Speak Up Guardians (with a Lead Guardian) is responsible for:

- Being expert in all aspects of raising and handling concerns.
- Offering support and advice to staff who wish to raise a concern or are handling concerns.
- Ensuring that feedback is given to the staff member raising a concern.
- Watching over any concerns that have been raised.
- Safeguarding the interests of the staff member raising a concern.
- Identifying common themes.
- Taking an objective view.
- Ensuring that concerns are escalated as appropriate.
- Reporting to the YDH Board.
- Completing such reports as required.



#### **7.5 The YDH Trust Board**

The YDH Trust Board is responsible for:

- Receiving the annual report on Speaking Up complaints.
- Ensuring that recommended actions following fact-finding are prioritised and actioned.
- Providing an organisational culture where employees are encouraged to raise concerns and are supported when they do.

## **8 Training**

### **8.1 YDH recognises the importance of appropriate training for staff.**

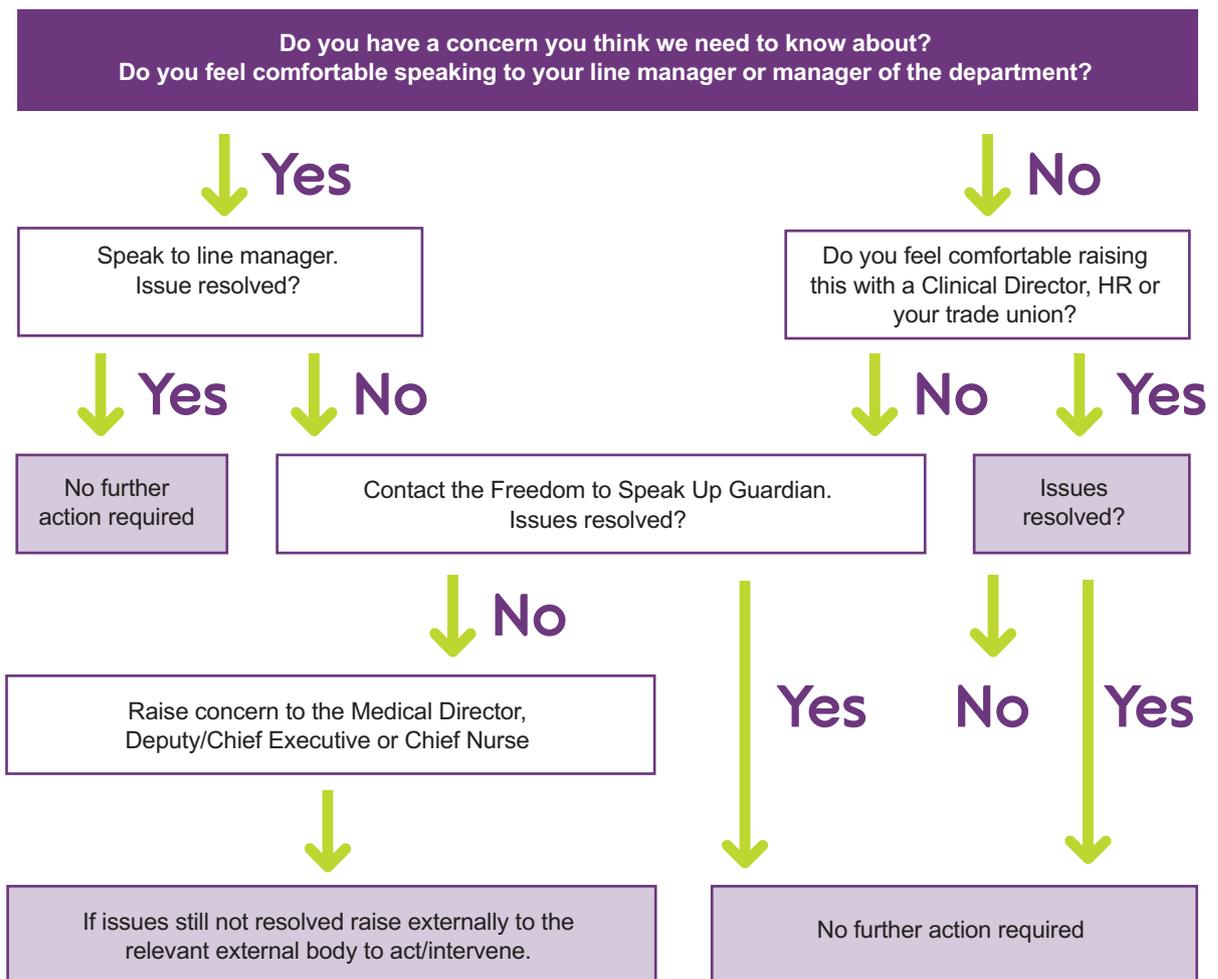
For training requirements and refresher frequencies in relation to this policy, please refer to the Yeovil Academy section of YCloud.

The Freedom to Speak up Guardians will receive specialist training and support via the National Guardians office, the local network and the other Freedom to Speak Up Guardians within YDH.



## Appendix 1: Freedom to Speak Up flowchart

You are free to Speak Up  
Speaking Up should be seen as 'Business as Usual'





# Grievance

## What this policy covers

**YDH is fully committed to ensuring that you are managed in a supportive, consistent, fair and effective way.**

This policy is designed to support you should you wish to raise a grievance, including issues relating to equality and inclusion. A grievance is any concern, problem or complaint relating to your employment. This policy should be read in conjunction with the Raising Concerns Policy.

## Which problems does this policy cover?

Any employment-related concerns. Examples would be (but are not limited to):

- terms and conditions of employment
- health and safety issues
- new working practices
- organisational change
- equal opportunities
- dissatisfaction with an action your manager has taken or proposes to take.

If a breakdown in working relationships occurs, please refer to the YDH Supporting Relationships at Work Policy.

## Which issues are not covered by this policy?

- any outcome of a disciplinary meeting that has its own appeals process
- issues relating to banding outcome, redeployment, termination of contract or redundancy (all of these have their own appeal process)
- any issue outside YDH's responsibility.

If you feel you're being harassed, victimised or the subject of discrimination, please use the Supporting Relationships at Work Policy.

## Collective grievance

If more than one person raises a grievance and you're seeking resolution as a group, you may raise a collective grievance under this policy. If this is a formal grievance, normally any planned changes that caused the grievance will be suspended until it has been considered, with the status quo maintained.

However, in some circumstances this may not be possible or advisable, because it may risk breaching statutory, mandatory or regulatory obligations, or delays might compromise service delivery. In such exceptional cases, management reserves the right to implement the change and the situation will be explained to you and your representative.

## Stage 1 – Informal stage

In the first instance, as soon as they are identified, you should raise any problems with your manager (or their manager if the issue involves your manager). You may also raise issues with HR or speak to your trade union. Outline your concerns in writing and provide as much information as possible, explaining:

- the nature of the problem
- dates and times
- names of any witnesses
- any action already taken
- any resolutions you can think of or would like to see.

When your manager has received this information, they will seek advice from HR and arrange a meeting with you within 10 calendar days to fully understand the issue(s) and discuss next steps, so that the problem can be resolved informally. Where necessary, they may speak to other parties or carry out fact-finding to establish the most suitable resolution.

Once completed, your manager will write to you to outline potential resolutions and a way forward. Your



letter will also confirm what you can do if you're not satisfied with the outcome and wish to proceed to the formal stage.

### Mediation

Mediation may be appropriate, if it would help to resolve the issue or concern and it should be considered before moving to the formal stage. Please follow the steps for mediation outlined in the Supporting Relationships at Work Policy (see page 146). You may also want to seek advice from HR or your trade union representative.

### Stage 2 – Formal stage

If the informal process did not give the outcome you wanted and you feel that you have reasonable grounds for moving to the formal stage, complete the Grievance Notification form (available from the HR Forms section on YCloud, the YDH staff intranet site).

Send it to the manager who dealt with your informal grievance within seven calendar days of receiving the letter confirming the outcome of the informal stage. If you are uncomfortable about putting the concerns in writing, talk to your manager or HR Business Partner. Your manager will inform HR, which will acknowledge receipt of the Grievance Notification form and forward it to an appropriate independent manager, to arrange a formal meeting with you. This will be done as soon as possible – without any undue delay.

You can bring a trade union representative or work colleague to formal meetings to support you and help to resolve the grievance. At the formal meeting the manager will consider the Grievance Notification form, allowing you to expand on the concerns you have outlined and review any further documentation provided.

They will also decide whether further fact-finding is needed or whether witnesses should be interviewed, so that a decision as to the most suitable outcome or resolution can be reached. You should have in mind what resolution you are seeking, so that it can be considered.

Depending on the nature and seriousness of the concerns raised, interim measures may need to be considered while the fact-finding takes place, such as a temporary change to duties or a move for those involved.

After fact-finding is completed, the manager will contact you to resume the formal meeting to inform you of their findings and outcome, including next steps. Where the outcome involves others, after speaking to you, they will also be met and outcomes/next steps discussed. The outcome will be confirmed in writing to all parties, usually within seven calendar days of the meeting and include:

- a summary of findings, responding to all points
- any recommended actions (due to data-protection restrictions we will not be able to advise you of the precise action taken against other individuals as a result of the grievance)
- the outcome
  - find in favour of all grounds – grievance upheld
  - find in favour of some, but not all grounds – grievance partially upheld
  - do not find in favour of any grounds – grievance not upheld.

### Withdrawing a grievance

You may decide to withdraw your grievance. Before any decision to withdraw is taken, your manager or the HR team will seek to understand your reasons for withdrawal. Depending on nature and substance of your grievance, we may feel it is appropriate to follow up on the issues raised, even if you do not wish to pursue it.

### Leaving employment

If you are planning to leave YDH's employment and have raised a grievance, you may leave before we have had time to complete the grievance process. If so, we may still consider the grievance or provide a response, where possible. In such cases, we'll respond in writing.

### Appeal

You can appeal if you have strong grounds to believe:

- the procedure has not been followed correctly
- you do not believe the decision reached was objective or fair
- the decision was not appropriate in light of the evidence presented.

This must be in writing within seven calendar days of receiving the outcome letter and sent to the Deputy Director of HR and OD. You'll receive acknowledgement and then an appeal hearing will be arranged.



# Health and wellbeing

## What is health and wellbeing?

**Health and wellbeing is a vital factor in ensuring happiness and job satisfaction. Health is defined by the World Health Organization (WHO) as: “A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”.**

Wellbeing is described as: “A state of being with others, where human needs are met, where one can act meaningfully to pursue one’s goals, and where one enjoys a satisfactory quality of life,” (Economic and Social Research Council).

The WHO and International Labour Organization have jointly defined occupational health as: “The promotion and maintenance of the highest degree of physical, mental and social wellbeing of workers in all occupations by preventing departures from health, controlling risks and the adaptation of work to people, and people to their jobs”.

## How will YDH support your health and wellbeing?

YDH is committed to providing an environment and culture that promotes health and wellbeing and aims to achieve this by:

- Promoting health and wellbeing throughout YDH including our values, policies, support services, networks and health promotion campaigns.
- Encouraging a culture where everyone feels able to discuss their health or wellbeing with their manager with the aim of accessing support. YDH will ensure that everyone can have at least one “Health and Wellbeing Conversation” every year.
- Creating and maintaining an environment where those who experience ill health receive suitable support to stay at work, and where needed,

reasonable steps are taken to make adjustments to their work circumstances to enable them to return to work after illness and achieve their full potential.

- Providing access to specialist support when needed, including provisions for emotional health and wellbeing.
- Ensuring that our leaders and managers maintain a health and wellbeing focus and have the skills to support their teams.

Our health and wellbeing work focuses on activities related to these key themes:



## Promoting health and wellbeing

The YDH Health and Wellbeing Team (part of HR) promotes positive health and wellbeing by:

- Providing information and raising awareness via induction, CONECT, health and wellbeing newsletters, email communication, posters and leaflets.
- Promoting key wellbeing dates and events via the health and wellbeing calendar.
- The Health and Wellbeing closed Facebook group, which is an informal way of communicating with members and allows two-way input and conversations for all members.
- Promoting policies, guidance and practices that endorse wellbeing.
- Holding health and wellbeing events to raise awareness including training, conferences, coffee mornings and meetings.

## Management and leadership

Our managers and supervisors are the best people to provide initial health and wellbeing support to their teams. Therefore, it is essential that we develop their knowledge and skills to ensure they can:

- be aware of the key issues related to health and wellbeing
- recognise signs of ill health in those around them, including mental ill-health and
- signpost individuals to get the support they need.

We will ensure that all managers receive awareness training from the Health and Wellbeing Team, which will include how to hold a Health and Wellbeing Conversation.

**“Our managers and supervisors are the best people to provide initial health and wellbeing support to their teams. Therefore, it is essential that we develop their knowledge and skills”**

## Key health and wellbeing initiatives

The following initiatives are available for everyone and are key to supporting health and wellbeing across YDH:

### “Health and Wellbeing Conversations”

Health and Wellbeing Conversations are an important step to ensuring that managers have dedicated time to talk to those in their team about how they are. These are informal meetings, but they're really important in ensuring everyone has time to talk about their physical and emotional wellbeing and how this affects them at work. At any time, you can ask your manager for a Health and Wellbeing Conversation, but they will also hold these regularly, including at least once a year at your appraisal.

### Mental Health First Aid (MHFA)

The Mental Health First Aid team provides initial mental health support, including signposting. They are trained to identify and recognise warning signs of mental ill health and help someone who may be experiencing it. They do this by listening, reassuring and empowering the person to access the support they need for recovery or successful management of symptoms. They can provide this help even in a crisis, but we hope that by being available they can stop a crisis from happening. We aim to provide mental health first aiders at a ratio of 1:15 at a minimum and ensure that at least one mental health first aider is contactable at all times.

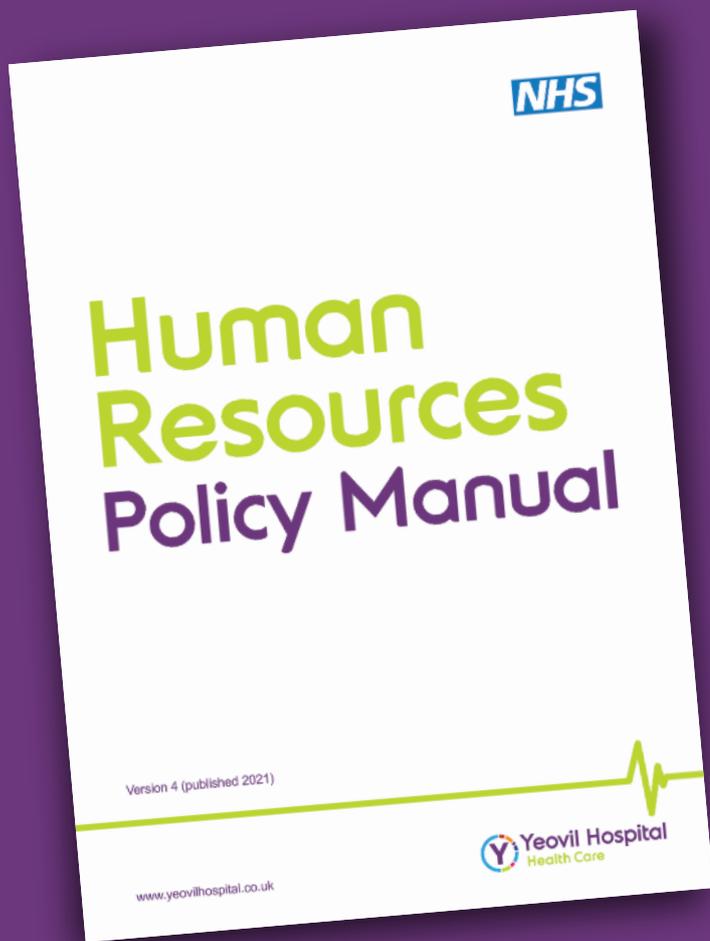
### Occupational health support

The Optima Health team provides a full range of occupational health support, from pre-employment and vaccinations to advising managers how to support individuals who are unwell. The team provides specialist advice and guidance to managers about making reasonable adjustments to support their teams to remain at work and provides guidance to ensure effective return to work after sickness absence.

### Employee assistance

Our “HELP” employee assistance provides a 24/7 assistance helpline for staff and their families. Part of this is a triage service that can lead to a referral to psychological support including counselling and CBT. The EAP also has a dedicated website that has a variety of support available, including practical advice on relationships, finance and legal matters.





You can download any of the HR forms mentioned in this publication from the HR Forms section of

# YCloud

The YDH staff intranet website

[www.yeovilhospital.co.uk](http://www.yeovilhospital.co.uk)



**Yeovil Hospital**  
Health Care

## Managing and supporting stress

### Telling us

Stress can affect anyone and it can affect people differently. If you think you're experiencing stress, we want you to tell us as soon as possible so we can help. Talk to your manager, so they can give you support. Mention it at one-to-one meetings or ask to have a Health and Wellbeing Conversation to discuss it. If your manager is unavailable or you don't feel you can talk to them, speak to the HR team.

You have an active role to play in maintaining your health and wellbeing and communicating with others is a helpful step towards resolving any stress that may be affecting you. We know that stress isn't always work related and we'll try to support you with things outside of work as well.

### Support for those feeling stressed

We will help you to identify what you think is causing your stress with the aim of making reasonable changes to your work or working environment if necessary. The best way to do this is through completing a stress risk assessment to understand what's causing the problems and what could help.

As part of the risk assessment process, your manager may ask Occupational Health for advice and guidance.



### Health and Safety Executive standards

The HSE describe six key standards that support a healthy and performing workplace and make up the key headings in the risk assessment:

<b>Demands</b>	Staff can cope with the demands of the job.
<b>Control</b>	Staff can have a say about the way work is done.
<b>Support</b>	Staff receive adequate information and support from colleagues and managers.
<b>Relationships</b>	Staff are not subject to unacceptable behaviour.
<b>Roles</b>	Staff understand their role and responsibilities.
<b>Change</b>	Staff are involved in and consulted about any organisational change.

### Support for those who are in crisis

We are committed to supporting anyone who is experiencing symptoms of a crisis and will aim to do all we can to get you the necessary help. This will include signposting to specialist services – speak to your manager, the HR team or the Mental Health First Aid Team if you are worried about yourself or a colleague.

Our Supporting You leaflet outlines the key support available to everyone. It can be found on YCloud (the YDH staff intranet site) and in various locations around the Trust. It has a QR code, so it is easy to download contact links immediately.

“We will help you to identify what you think is causing your stress with the aim of making reasonable changes to your work or working environment if necessary.”





# Job share

## 1 What this policy covers

**Job share is defined as where two people are employed to share the duties and responsibilities of one full-time post. Pay, benefits and leave entitlement for job sharing are allocated proportionally.**

The advantages of job sharing include:

- widening the recruitment pool
- retaining the valuable skills of existing staff who no longer wish to work full time
- enabling staff to access career development opportunities while working fewer hours
- providing for continuity (eg if one person leaves there is still some input from the other who can help with training a replacement) and
- providing a wider range of skills.

This policy provides guidance on the responsibilities associated with the effective management of job share arrangements and details the processes involved with recruitment for job-share roles.

The policy should be read in conjunction with YDH's Flexible Working and Recruitment policies.

## 2 Principles

- As an equal opportunities employer, YDH positively promotes good employment practices, including the promotion and effective management of job-share schemes.
- YDH will make every reasonable effort to accommodate your request for job-share working.
- All full-time posts are deemed to be potentially open to job-sharing and will be advertised as such.

## 3 Responsibilities

- The YDH Board of Directors has overall responsibility for ensuring that this policy is applied fairly and consistently.
- YDH managers will also ensure that all requests for job-share working are treated fairly and consistently.
- Managers are responsible for agreeing with the job-share partners how the hours will be divided, how duties will be split and how effective communication will be achieved, including any handover periods.
- Where a manager believes that posts are not suitable for advertising as job share, they will explain why on the vacancy authorisation form.
- Staff currently working in or wishing to work in a job-share arrangement agree to adhere to the processes and practices within this policy.

## 4 Policy in Practice

Detailed advice on job-share arrangements can be sought from HR or the recruitment team when a post becomes vacant or a request to job share is received from an existing full-time staff member.

The key stages and processes when recruiting to and maintaining job-share arrangements are as follows.

**“As an equal opportunities employer, YDH positively promotes good employment practices, including the promotion and effective management of job-share schemes”**



**“Selection panels should be aware that an offer made to job-share partners is dependent upon both partners accepting the offer of employment”**

#### 4.1 Recruiting to a vacant post

Recruitment to a job-share post will accord with the YDH Recruitment and Selection Policy, with specific conditions detailed below applied:

- Job-sharing applicants should complete separate application forms, CVs and covering letters as required. However, they should make it clear that they are applying as a job share and give the name of their job-share partner.
- Should an application be received from someone who wants to job share but does not have a job share partner, the YDH recruitment team should, where possible, try to match two people who have applied individually but who both wish to job share.
- When a joint application is received from job-share partners, it must be assessed in the same manner as applications from other candidates. The normal practice will be to interview and test the job-share partners separately to assess each one against the person specification criteria. It may also be appropriate to interview the job-share candidates together to discuss such criteria as leadership and communication.
- Following interview, the selection panel should consider if both parties are appointable and, if so, whether together they would best fulfil the post's responsibilities and duties.
- If one partner performs well at interview and is considered the best candidate, but the other partner is judged as not appointable, the job cannot be offered to them as an existing job-sharing partnership.
- The successful partner should then be offered the job on a full-time basis.
- If the candidate declines, the role will be offered to the next best appointable candidate(s) at interview. Selection panels should be aware that an offer made to job-share partners is dependent upon both partners accepting the offer of employment.

#### 4.2 Existing full-time employees

- There may be occasions when an existing full-time employee wishes to reduce their hours of work by sharing their post. Such applications to convert to a job-share post should be carefully considered by the manager in accordance with the YDH Flexible Working Policy (see page 50).
- If the post is considered suitable as a job share, and the staff member has identified a partner from within the department wishing to job share with them, both parties will be interviewed to assess suitability.
- If no potential partner from within the department is identified, YDH will advertise the remaining hours internally and the usual recruitment processes will apply.
- If no suitable job-share partner is found, the post-holder will retain their job on a full-time basis.

#### 4.3 Arrangements if one partner leaves

If one job-share partner leaves, the following process should be followed:

- The remaining job-share worker should be offered the post full time.

If they decline:

- The vacant half of the post should be advertised.
- If a suitable job-share partner cannot be found, an alternate role will be sought for the existing partner in accordance with the YDH Redeployment Policy.

## 5 Appeal

Should you wish to appeal a decision made in respect of the YDH Job Share Policy, use the YDH Grievance Policy (see page 56).

**“If no potential partner from within the department is identified, YDH will advertise the remaining hours internally and the usual recruitment processes will apply”**



# Long service awards

## 1 What this policy covers

**YDH values the contribution that all staff make to service delivery and is especially proud of the contribution made by those who have worked at YDH for many years.**

This policy outlines the eligibility for and process involved in recognising their contribution.

## 2 Principles

This policy will be applied in accordance with YDH's Equality and Inclusion Policy principles and therefore will not discriminate, directly or indirectly.

## 3 Responsibilities

Human Resources has overall responsibility for managing the process.

## 4 Policy in practice

### 4.1 Qualifying service

Long service will be recognised at 10, 20, 30 and 40 years of continuous service. The staff member must remain in employment at the date of reporting, which is normally in September.

**“Years of service working part-time hours will count as full-time hours when calculating the number of qualifying years for these awards”**

Years of service working part-time hours will count as full-time hours when calculating the number of qualifying years for these awards.

### 4.2 Awards

Those with 10 and 20 years' continuous service at YDH will receive a letter from the Chairman and Chief Executive congratulating them on their achievement.

After 30 and 40 years of continuous service, an award will be presented at the annual iCARE awards ceremony, which is normally held in November.

### 4.3 Publicity and communications

Recognition of the contribution made by long-serving employees will also be included in appropriate publicity within the iCARE awards communications both internally and externally.





# Maternity leave

## 1 What this policy covers

**This policy is a guide for both managers and employees that outlines statutory rights and responsibilities in relation to maternity leave.**

It provides information regarding health and safety, pay and leave entitlements and how to apply for maternity leave. Definitions of terms and abbreviations used in the policy are given on page 73.

## 2 Principles

YDH is committed to positively supporting staff during their pregnancy, maternity leave and return to work, taking account of individual circumstances, while continuing to deliver a high-quality service.

## 3 Responsibilities

- The YDH Board of Directors is responsible for ensuring that applications for maternity leave are treated in accordance with this policy and in a way that does not discriminate.
- Managers are responsible for actioning requests for maternity leave in accordance with this policy.
- Line managers are responsible for conducting a risk assessment for new and expectant staff at work using the appropriate forms. Line managers should inform HR of the pregnancy as soon as practicable.
- Employees wishing to take maternity leave should comply with the application process and timescales specified in this policy.
- Employees are responsible for reporting any changes in their pregnancy or complications that may occur that will affect their work or ability to perform their daily tasks. They should also inform their line manager of any changes to agreed leave dates in line with the notice periods outlined in this policy.

## 4 Policy in practice

### 4.1 Entitlements

All employees, including bank employees, have the right to take 52 weeks' maternity leave regardless of their length of service. The earliest date that maternity leave can start is the eleventh week before the Expected Week of Confinement (EWC) – 29 weeks pregnant – except in cases of premature birth.

Employees on fixed-term contracts are entitled to 52 weeks' maternity leave providing their fixed-term contract does not expire before YDH Qualifying Week (ie eleventh week before EWC).

Employees whose fixed-term contract expires after YDH Qualifying Week and who have more than 26 weeks' continuous service will have their contract extended to enable them to receive 52 weeks' maternity leave. These employees will not have any entitlement to a role within YDH at the end of their maternity leave, unless they have been selected for another role through competitive interview.

**“Employees are responsible for reporting any changes in their pregnancy or complications that may occur that will affect their work or ability to perform their daily tasks”**

### Compulsory Maternity Leave

After giving birth, employees must take two weeks' compulsory maternity leave (CML). However, there are restrictions on whether this will be paid and the amount of maternity pay entitlement. See section 4.7 for details.





#### Joining YDH when pregnant

If an employee starts working for YDH during the course of their pregnancy, YDH will take on obligations with regard to maternity entitlements from the previous NHS employer.

The same requirements for continuous NHS service and length of service will apply and pay and service from the previous NHS employer will be counted towards an employee's entitlement to maternity benefits in the same way as if they had been accrued while working for YDH. However, the previous employer may be responsible for payment of Statutory Maternity Pay (SMP), this will not affect the employee's maternity pay.

**"By assessing potential physical risks and hazards in the workplace, it determines whether there are any potential risks to the employee's health and safety that may affect their pregnancy"**

#### Surrogate mothers

Provided they meet the normal eligibility criteria, pregnant surrogates are entitled to 52 weeks' maternity leave and SMP (in the same way as others). The surrogate mother's plans for her baby after it is born have no impact on her right to maternity leave or SMP.

#### 4.2 Risk assessments

Once advised of the pregnancy, the line manager should meet the employee as soon as possible to complete a risk assessment for new and expectant mothers at work. By assessing potential physical risks and hazards in the workplace, it determines whether there are any potential risks to the employee's health and safety that may affect their pregnancy.

Once the assessment has taken place, the line manager will decide on measures that should be taken to avoid, eliminate or reduce potential risks. Advice and guidance may also be sought from the HR and Occupational Health departments.

This may on occasion mean a temporary adjustment to working conditions. In extreme cases, where the risk cannot be eliminated or reduced to an acceptable level, a temporary change in the type of work may be necessary.

Risk assessments should then be reviewed bi-monthly during the pregnancy to account for any changes over time or as needed if a change occurs.

#### 4.3 Time away from work

All pregnant employees are entitled to reasonable time off, with pay, to attend antenatal care appointments.

Employees should try to book appointments on their days off where possible. If appointments are to be taken during working hours, they should be booked at times that minimise impact on service where possible. Employees may be asked to show appointment cards to their manager and should always give as much notice as possible before appointments.

#### Fertility treatment

Although there is no legal right to paid time off for fertility treatment, employees may wish to take time away from work for this. YDH will endeavour to be supportive by providing time off using annual leave or time owed in lieu, or by planning shift patterns to accommodate appointments, where this is practicable and does not adversely affect service.

All time off for fertility treatment must be pre-organised with adequate notice given for planning purposes and authorised by the employee's line manager.



An employee undergoing infertility treatment is considered to be pregnant only after a fertilised embryo has been implanted. They will then have the same rights and responsibilities as other pregnant employees for two weeks from this date or until a pregnancy test is carried out. If positive, this policy will apply. If negative, this policy will cease to apply.

#### 4.4 Sickness during pregnancy

For the purpose of managing sickness, all absence will be defined as either pregnancy-related or non-pregnancy related.

##### Non pregnancy-related sickness

Any sickness not related to the pregnancy will be treated in accordance with YDH's Sickness Management Policy (see page 134).

##### Pregnancy-related sickness

Any pregnancy-related sickness must be reported on the time sheet as usual. Absence will not be managed using YDH's Sickness Management Policy. However, to support and manage this, all absences will be discussed with the employee through return-to-work interviews and informal meetings. The line manager should seek guidance and support from the HR and Occupational Health Departments.

If necessary, another risk assessment will be completed to ensure that any changes to health during the pregnancy can be identified and action taken to support the employee to be at work.

##### Pregnancy-related sickness after 29 weeks

If a pregnant employee is absent from work after week 29 of pregnancy because of pregnancy-related sickness, she can choose whether to start her maternity leave or take sick leave.

##### Pregnancy-related sickness after 36 weeks

If a pregnant employee is absent because of pregnancy-related sickness and this continues into or starts within the four-week period starting on the Sunday of the fourth week before the EWC, maternity leave will start on the day after the first complete day of absence. The HR Department will write to the employee to confirm this.

**“As soon as practicable, employees should inform their line manager of any pregnancy complications that may affect their daily work or ability to perform their role. Such complications will be discussed and risk assessments amended where appropriate”**

#### 4.5 Pregnancy complications

As soon as practicable, employees should inform their line manager of any pregnancy complications that may affect their daily work or ability to perform their role. Such complications will be discussed and risk assessments amended where appropriate. Line managers should seek advice from HR and make a referral to Occupational Health to obtain guidance on reasonable adjustments.

##### Miscarriage

Sadly, if a miscarriage occurs on or before week 24 of pregnancy, time away from work will be classed as sickness absence and therefore the sickness reporting and pay procedures will apply. Please see the Sickness Management Policy (page 134 for further details).

##### Stillbirth

In cases of stillbirth after week 24 of pregnancy, which very sadly can happen, the maternity leave will commence from this date and maternity pay and leave will be the same as if the baby had been born alive.

##### Premature birth

If a baby is born prematurely, maternity leave and pay will automatically start on the day after the date of birth. Employees should inform their manager or HR who will put the correct procedures in place in their absence. Evidence of the date of birth will need to be supplied, as well as birth certificate and MATB1 (if not already supplied).

If a baby is born before the qualifying period, special rules apply and maternity pay will need to be recalculated. In such circumstances, line managers should contact the HR and Payroll Departments for advice. It may also be appropriate and helpful for line managers to make a referral to the Occupational Health Department to access specialist support for the employee.

“If an employee wishes to change their maternity leave dates before they have started maternity leave, they should contact their line manager to discuss the reasons and to agree a new date”

#### 4.6 Procedure for requesting leave

Employees must notify YDH in writing of their intentions and plans for maternity leave by the 15th week before the EWC or as soon as practicable in cases of premature birth (but no later than 13 weeks after the start of maternity pay). They should do this by sending the following documents to the HR Department:

- an Application for Maternity Leave and Pay form (available on the HR Forms section of YCloud).
- the original Maternity Certificate (MATB1), which will be provided (usually between the 21st and 26th week of pregnancy) by the midwife or doctor
- a changes form specifying maternity leave dates
- in cases of premature birth, a certified copy of the baby's birth certificate.

**Please note:** all three documents should be sent together.

Before completing the Application for Maternity Leave and Pay form, employees must consider whether they will be returning to work following maternity leave. This information must be shown on the form, because it affects entitlement to Occupational Maternity Pay. Forms lacking this information will not be processed and will be returned to the line manager.

If an employee wishes to change their maternity leave dates before they have started maternity leave, they should contact their line manager to discuss the reasons and to agree a new date. Reasonable notice of a change of dates should be given where possible. Normally, no fewer than 28 days would be accepted unless in cases of ill health or emergency.

A step-by-step guide for employees to organising maternity leave is given on page 77.

#### 4.7 Maternity Pay

There are three types of maternity pay:

- 1 Statutory Maternity Pay (SMP) – paid by the government
- 2 Occupational Maternity Pay (OMP) – paid by YDH
- 3 Maternity Allowance (MA) – paid by the government.

The type of maternity pay paid is based on six deciding factors:

- 1 How long the employee has worked at YDH or how much continuous NHS service they have.
- 2 Whether the employee is still pregnant at the eleventh week before her due date.
- 3 Whether they have earned enough in the relevant period.
- 4 Whether they intend to return to work.
- 5 Whether they have provided the correct evidence and paperwork.
- 6 Whether this evidence been provided as notification within the correct timescales.

The flowcharts on pages 74 and 75 show which maternity pay will be paid. Employees will receive notification from the Payroll Department to confirm their maternity pay entitlements.

#### Statutory Maternity Pay

SMP is paid to all employees (including bank employees) provided they have been continuously employed by the same employer for the 26 weeks prior to the Qualifying Week (15 weeks before the EWC), who are pregnant at the eleventh week before the EWC, and have earnings above the lower earnings limit for National Insurance contributions. Calculations will include all pay within the earnings period.

Provided the employee has also given the correct notification and medical proof to show that they are pregnant (MATB1), SMP is paid for 39 weeks and consists of two rates:

#### Occupational Maternity Pay

OMP is paid in addition to SMP for employees who qualify. It is assessed as an average of the normal pay for eight weeks or two months up to the last normal pay day before the Saturday of the Qualifying Week (15 weeks prior to the EWC).



### Statutory Maternity Pay

Weeks	Pay	Duration
1-6	Higher rate SMP – a weekly equivalent of 90% of full pay	6 weeks
7-39	Lower rate SMP – a set weekly rate or 90% of full pay, whichever is lower. This rate changes annually – the HR Department can provide details of the current rate of lower SMP	33 weeks
40-52	Unpaid	13 weeks

### Occupational Maternity Pay

Weeks	Pay	Duration
1-8	Full normal pay	8 weeks
9-26	Half normal pay plus lower rate SMP (this will not exceed full pay)	18 weeks
27-39	Lower rate SMP	13 weeks
40-52	Unpaid	13 weeks

For OMP purposes, normal pay will include all items for the qualifying period on which National Insurance is calculated, including any arrears that would normally have been accrued during that period. It does not include expenses.

In exceptional circumstances, YDH may need to change the qualifying period if the salary cannot be determined. This will be managed in line with HMRC regulations.

OMP will be paid to both part-time and full-time employees who:

- **have more than one year's continuous service** – at the beginning of YDH Qualifying Week (11 weeks before the EWC). Service from another NHS organisation will be included if there is a break of less than three months. However, the months that the employee was not employed (up to three months) will not be used when calculating service

and

- **intend to return to work for at least three months** – employees must return to work on contracted hours, for a minimum of three months following their maternity leave. Employees returning

to bank contracts will not be regarded as 'returned to work' for OMP purposes. If an employee doesn't return to work on contracted hours within this time frame, they must repay the occupational element of their maternity pay. Employees who change their mind about returning to work should inform YDH as soon as possible to avoid overpayment.

OMP will be paid for a total of 39 weeks at the rates above. Surrogate mothers will not be entitled to OMP.

#### Maternity Allowance

MA is available for employees who do not qualify for SMP (see flowcharts on pages 74 and 75). MA is a weekly payment paid by the Department for Work and Pensions for a maximum period of 39 weeks.

**“Pension contributions made by YDH continue during the whole period of maternity leave and are based on the employee's normal salary before the start of the leave”**



The Payroll Department will inform employees that they are not entitled to OMP or SMP and will also provide an SMP1 form to explain why. This form will be given to employees within seven days of calculating the entitlements and should be completed and returned to the Department for Work and Pensions (via Jobcentre Plus) to claim Maternity Allowance.

#### **Pension contributions during maternity leave**

Pension contributions made by YDH continue during the whole period of maternity leave and are based on the employee's normal salary before the start of the leave. For information on employee pension contributions during maternity leave employees should contact the YDH Pensions Department.

#### **Fixed-term contracts**

Employees who are contracted for a fixed term and do not qualify for OMP may qualify for SMP if their contract expires after the fifteenth week before the EWC, but before the fourteenth week after the EWC.

In this case, an employee's contract will be extended to allow them to receive SMP, but not unpaid maternity leave. This extension is solely to allow for payment to be made and will not count as service or mean the employee will accrue employment rights during this period. Employees on a fixed-term contract should apply for maternity leave in the normal way and the Payroll Department will advise them of their entitlements.

#### **Bank employees**

Bank employees will not be eligible for OMP, but may be eligible for SMP. Their average weekly earnings must not be less than the lower earnings limit for National Insurance contributions for the eight-week period prior to the fifteenth week before the baby is due.

**“At the end of maternity leave, all employees have an automatic right to return to work in a comparable job to that in which they were originally employed”**

Bank employees should apply for maternity leave and pay in the normal way and the Payroll Department will advise them of their entitlements accordingly.



Employees returning to work on a bank contract will not be entitled to OMP.

#### **Rotational contracts**

Maternity pay will be calculated in the same way for those on a rotational contract as for other employees.

#### **Incremental increases before and during leave**

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 was agreed retrospectively, the maternity pay will be re-calculated on the same basis.

If a pay award or annual increment is implemented during paid maternity leave, the maternity pay due from the date of the pay award or annual increment will be increased accordingly. If such a pay award was agreed retrospectively, the maternity pay will be re-calculated on the same basis. SMP will be uplifted from the beginning of maternity leave.

#### **Sickness during the eight-week calculation period**

If an employee is on half-pay or unpaid sickness absence during the whole or part of the qualifying period (ie period used to calculate average weekly earnings to pay OMP), the average weekly earnings for the period of sickness absence will be calculated using full sick pay as a basis.



## 5 Return to work

### The right to return to work

At the end of maternity leave, all employees have an automatic right to return to work in a comparable job to that in which they were originally employed:

- on terms and conditions no less favourable than those which would have applied had they not been on maternity leave
- with the same seniority, pension rights and similar rights as they would have been had they not been on maternity leave.

YDH may move an individual to work in another department or ward as long as the new role is the same type of work, at the same location and at the same level within the organisation with the same pay.

### Notification of return to work

The earliest any employee can return to work is after CMP of two weeks, taken immediately after the birth. The maximum amount of maternity leave is 52 weeks.

Where possible, employees are encouraged to confirm their return to work date before they start maternity leave. However, it is acknowledged that this is not always practicable and the employee has the right to change their date of return.

If an employee has not confirmed their return to work date within their application for maternity leave, the HR Department will write to them at about 12 weeks after the birth to request information about their intention to return to work. Employees should return the form as



**“If an employee decides to change their return-to-work date once they are on maternity leave, they must give at least their normal notice period in writing to their line manager”**

soon as possible to allow for any changes to be made to the arrangements to cover the work.

If an employee has confirmed their return-to-work date within their application for maternity leave, the HR Department will write to the employee at about 16 weeks after the birth to confirm that the information previously provided about their intention to return to work is still correct.

If an employee decides to change their return to work date once they are on maternity leave, they must give at least their normal notice period in writing to their line manager.

All employees are expected to return to work on the date they have specified, which should be no later than 52 weeks after starting their maternity leave (this may not necessarily include any annual leave taken). If an employee does not return to work, they will be contacted by their manager to find out the reasons why, and they will be managed in line with YDH policy.

All employees who return to work and are paid through the OMP scheme must complete three months' service to retain this entitlement. Employees who are paid OMP but do not work for three months will be asked to repay the OMP in accordance with the normal YDH processes for reclaiming overpayments.

If an employee notifies YDH of their intention to return to work but does not, they will be liable to repay the whole of the OMP received, but they will not be required to repay SMP to which they are entitled.

### Returning to another NHS employer

If an employee decides to return to work at another NHS trust, they must notify YDH of their intention. To retain full OMP, the employee must return within 15 months of their maternity leave start date.

To ensure OMP is maintained, the employee must provide a copy of their offer letter and contract of

employment with another NHS employing body within 15 months of the beginning of their maternity leave or within three months of the final day of their maternity leave. Failure to do so will mean that the employee must refund the whole of the OMP received, they will not be required to repay SMP to which they are entitled.

Employees who have not been paid OMP because they expected not to return to NHS employment, but return within 15 months, should contact YDH and will be expected to provide the above documentation. Once provided, calculations for OMP will be made and paid retrospectively.

#### **Returning to work when breastfeeding**

If an employee chooses to continue breastfeeding after returning to work, they will need to let their line manager know that they are breastfeeding. If possible, this should be before they return to work, so that necessary arrangements can be made.

Upon receipt of this information, the line manager will carry out a risk assessment to ensure that the employee is not exposed to risks that could damage their health and safety or that of the child for as long as they continue to breastfeed.

If an employee chooses to continue breastfeeding after their return to work YDH will:

- allow rest periods and access to a private room, which is located in the Women's Hospital
- provide access to a refrigerator
- ensure there are no health and safety risks that could affect the employee or the baby.

Managers must complete the Returning to Work Risk Assessment form with employees who are continuing to breastfeed upon return to work.

#### **Sickness preventing a return to work**

If an employee cannot return to work after their maternity leave because of sickness, they should inform their line

**“If an employee chooses to continue breastfeeding after returning to work, she will need to provide her line manager with written notification that she is breastfeeding”**

manager as soon as practicable. This information will be communicated to the HR, Occupational Health and Payroll Departments straight away.

In some circumstances, sickness preceding maternity leave will mean Statutory Sick Pay (SSP) is overridden by Statutory Maternity Pay (within the SMP period), which can lead to a change in pay. The Payroll Department will advise the employee and manager accordingly. In such situations, medical certification will be required in line with YDH Sickness Management Policy.

#### **Rotational contracts**

If an employee works on a planned rotational contract with one or more NHS employers as part of an agreed training programme, they will retain the right to return to work in the same post or next planned post and their contract will be extended to enable them to complete the remainder of the agreed programme. This agreement is irrespective of whether the contract would have otherwise ended.

#### **Contractual rights**

During maternity leave, all contractual rights including accrual of annual leave and continuous service are retained (with the exception of remuneration). Bank holiday entitlement won't be accrued on maternity leave.

#### **Organisational change**

In the event of organisational change, employees on maternity leave will be managed in the same way as all other employees when it comes to consultation and communication. They will receive written documents, letters and notifications and will be required to attend formal meetings where appropriate.

If you are made redundant when pregnant, you may still qualify for SMP if you: have been employed for at least 26 weeks leading up to the fifteenth week before your baby is due (the “qualifying week”); remain employed during all or part of the qualifying week; and earn at least the lower earnings limit on average in the eight weeks before the end of the qualifying week.

Employees made redundant while on maternity leave will be entitled to receive SMP for the full 39 weeks. Those on maternity leave do not need the normal two years' qualifying service to receive redundancy pay. OMP will be paid to redundant employees until the date that their contract of employment ends.



All organisational change will be managed in line with YDH Organisational Change Policy and in line with ACAS guidance and advice.

### Training and KIT days

Employees on maternity leave are not expected to attend mandatory training, however, they must complete it within one month of returning to work.

Managers should arrange for employees to receive training and re-orientation where needed. This must include any changes that have occurred while the employee was on leave.

Employees on maternity leave will be made aware of substantial training opportunities that are open for teams to apply for. Managers will ensure that this is communicated to employees via telephone and/or email. Employees will not be treated any differently in selection for such opportunities.

Employees are allowed to work up to 10 Keeping in Touch (KIT) days during their maternity leave without affecting or bringing their leave or pay to an end. KIT days can only be taken by agreement between the employee and YDH and can be used for any purpose including training events, attending meetings, conferences, aiding entry back to work, etc.

KIT days are paid at the employee's usual basic pay rate. Where only part of a day is worked this will still be

counted as a whole day. KIT days will be recorded using the KIT Day Record available on YCloud.

KIT days can only be taken in the maternity leave period and cannot be taken during any period of annual leave that may be added to the end of maternity leave.

If an employee does not wish to receive regular CONECT updates while on maternity leave, they must notify the HR Department in writing.

### Vacancies

Employees on maternity leave will be made aware of vacancies, opportunities for promotion or extra hours and should apply through the normal recruitment procedure.

HR will ensure that details of such vacancies are communicated to employees via email as appropriate and with enough time for the employee to apply. Employees will not be treated any differently in the selection for such opportunities. This does not include vacancies that are advertised externally on NHS Jobs.

Time taken to attend an interview for a vacancy will not be counted as a KIT day (unless it is part of a KIT day already arranged to complete other activities) and will not affect maternity pay or leave. Employees on maternity leave are welcome to apply for any vacancy within YDH that is advertised externally.

## Maternity abbreviations and terms

<b>AML</b>	Additional Maternity Leave – the second 26 weeks' maternity leave is classified as AML
<b>Childbirth</b>	Resulting in a child after 24 weeks of pregnancy, either alive or stillborn
<b>CML</b>	Compulsory Maternity Leave – the first two weeks after the baby is born when maternity leave must be taken
<b>EDD</b>	Expected Date of Delivery – the date the child is expected to be born
<b>EWC</b>	Expected Week of Confinement – the week the child is expected to be born
<b>KIT Days</b>	Keeping in Touch Days – the option of up to 10 days to attend work for training and keeping up to date with work without losing the right to maternity benefits
<b>MAT B1</b>	The maternity certificate issued by the GP or midwife to confirm the pregnancy and EDD
<b>OML</b>	Ordinary Maternity Leave – the first 26 weeks' maternity leave is classified as OML
<b>OMP</b>	The NHS Occupational Maternity Pay scheme paid to eligible employees
<b>QW</b>	Qualifying Week – the fifteenth week before the EWC
<b>SMP</b>	Statutory Maternity Pay – paid by the government to eligible employees
<b>TQW</b>	Trust Qualifying Week – the eleventh week before the EWC
<b>Week</b>	Period of seven days running from midnight Saturday

## Maternity pay for employees NOT planning to return to work after maternity leave

Has the employee been employed for at least 26 weeks up to and including the fifteenth week before EWC? And do the employees' average earnings qualify for NI Contributions?

Is the employee still pregnant at the eleventh week before the due date?

Does the employee meet the lower earnings limit?

Does the employee intend to return to work?

Has the employee provided the correct evidence and paperwork?

Has this evidence been provided as notification within the correct timescales?

**Yes**



### Pay SMP

The greater of:

Six weeks at 90% pay

**or**

Six weeks' lower rate SMP (which ever is lower)

**+**

33 weeks' lower rate SMP set annually by the government

**No**



Does the employee have less than 26 weeks' continuous service?

**Yes**



### No entitlement to SMP or OMP

May be eligible for Maternity Allowance and can take 52 weeks unpaid leave.

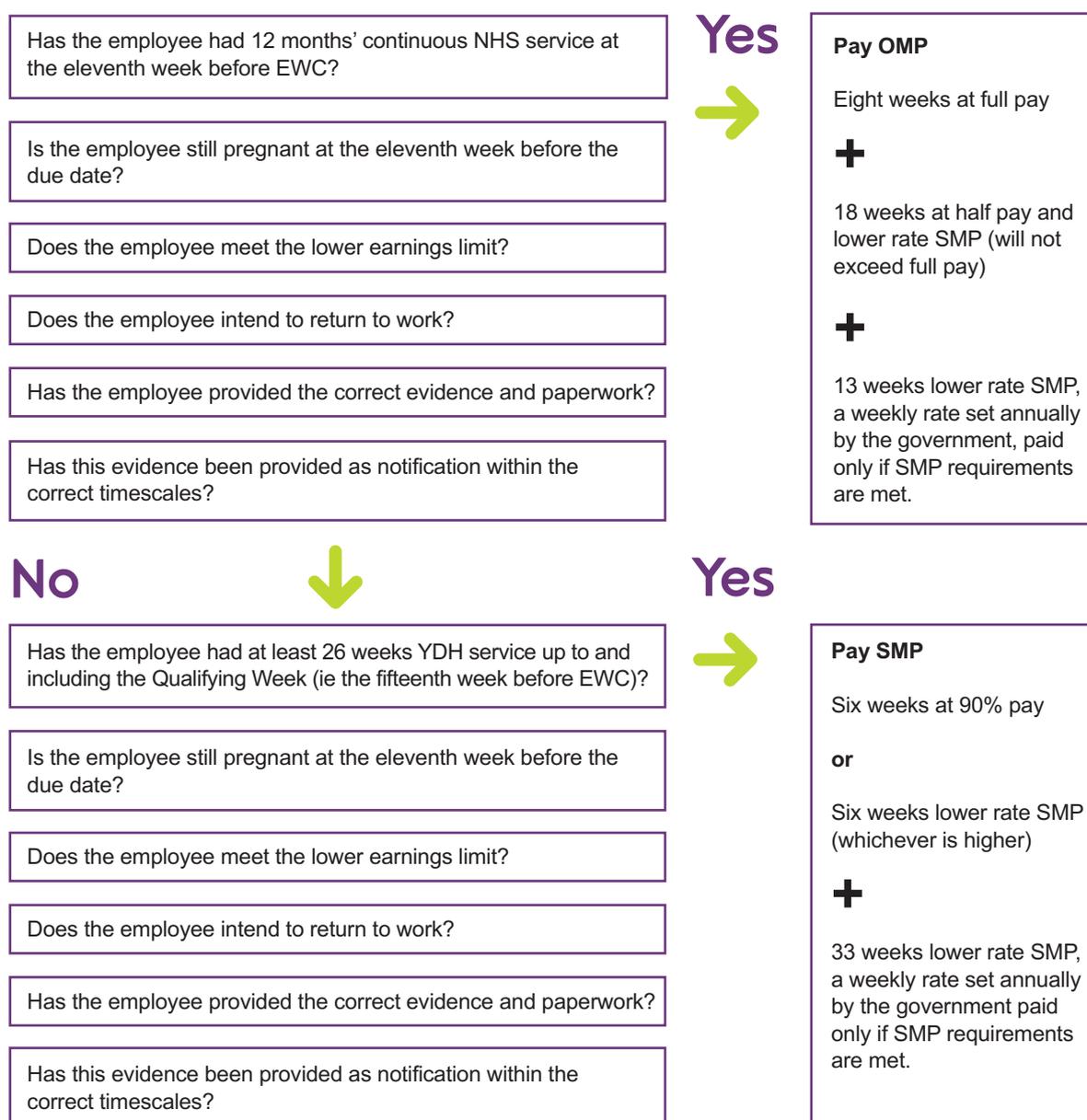
A minimum of two weeks' unpaid maternity leave must be taken.

Payroll Department will issue SMP1 form

**NB** Employees who choose to keep their options open are treated as above. If they return to work for more than three months, they receive the difference between the above (SMP) and YDH's OMP.



## Maternity pay for employees returning to work for at least three months following maternity leave



No



Does the employee have less than 26 weeks' continuous service?

Yes



**No entitlement to SMP or OMP**

May be eligible for Maternity Allowance and can take 52 weeks unpaid leave.

A minimum of two weeks' unpaid maternity leave must be taken.

No



Has the employee had 12 months' continuous NHS service at the eleventh week before EWC?

Is the employee still pregnant at the eleventh week before the due date?

Does the employee meet the lower earnings limit?

Does the employee intend to return to work?

Has the employee provided the correct evidence and paperwork?

Has this evidence been provided as notification within the correct timescales?

Yes



**Pay OMP**

Eight weeks at full pay



18 weeks at half pay and lower rate SMP (will not exceed full pay)



13 weeks at lower rate SMP, a weekly rate set annually by the government, paid only if SMP requirements are met.

Payroll department to issue SMP1 form



## Step-by-step guide for new parents for organising their maternity leave

### Employee checklist

Action required	Please tick (✓)
1 Advise your manager of your pregnancy in writing and discuss the amount of leave you think you may wish to take. In conjunction with your manager, complete the Pregnancy Risk Assessment form.	<input type="checkbox"/>
2 Consider how long you would like to take for maternity leave and decide a proposed return-to-work date. If applicable, discuss the possibility of returning part time. You will need to consider annual leave entitlements and when you will take this (ie before/after your maternity leave), because you will continue to accrue this while you are on maternity leave.	<input type="checkbox"/>
3 Contact HR to make an appointment to discuss your entitlements to maternity leave and maternity pay.	<input type="checkbox"/>
4 Receive your MATB1 form from your midwife at approximately 26 weeks. Give the MATB1 to HR.	<input type="checkbox"/>
5 You can take maternity leave any time after 29 weeks into your pregnancy.	<input type="checkbox"/>
6 Speak to your line manager to agree your maternity leave dates. You will also need to agree when you will take your annual leave and arrange KIT days. Complete an Application for Maternity Leave and Pay form and send it to HR at least 28 days before starting your maternity leave, but as early as possible please. You must also send the MATB1 and a changes form with your application.	<input type="checkbox"/>
7 Following receipt of this the Payroll Department will notify you of your pay entitlements. If you do not qualify for Statutory Maternity Pay (SMP), you will be sent forms SMP1 and your MATB1 to enable you to claim Maternity Allowance.	<input type="checkbox"/>
8 Start Maternity Leave – you must take at least two weeks' Compulsory Maternity Leave.	<input type="checkbox"/>
9 If you have not told us when you will return, you will receive a letter from HR requesting confirmation of your intention to return to work 12 weeks after your due date. If you have confirmed a return to work date, we will write four months after your due date to check that this is still correct. You are requested to reply within 14 days or as soon as is reasonably practicable.	<input type="checkbox"/>

- 10 If you wish to change the end date of your maternity leave period or not to return, you must give your contractual notice period to change the proposed date of return.
- 
- 11 Upon your return to work you will complete a changes form. If you are taking annual leave, this should be indicated clearly after the return to work date and also on the time sheets. A risk assessment for mothers who are breastfeeding must be completed if applicable.
- 
- 12 Return to work with YDH or another NHS organisation for a minimum of three months. If you agree to return and then decide not to, you will have to refund the whole of the OMP paid, less any SMP. If you decide to return to another NHS organisation you will be required to provide confirmation of appointment at the new employer within 15 months of the commencement of your maternity leave.
- 



## Manager's checklist

Action required	Please tick (✓)
<p>1 When an employee has informed you that they are pregnant, ask for confirmation in writing. The letter should include their due date and should be given to you 15 weeks before the Expected Week of Confinement (EWC).</p>	<input type="checkbox"/>
<p>2 Meet with the employee to complete the Pregnancy Risk Assessment forms. Ask your employee if there is any specific advice from their doctor or midwife relating to work. If there are any issues raised from the risk assessment that you cannot temporarily manage with adjustments to the work/tasks/role, contact your HR lead to discuss. OH should also be informed of any complications as appropriate. You should also agree dates to review the risk assessment at regular intervals throughout the pregnancy.</p>	<input type="checkbox"/>
<p>3 Inform the employee that they need to consider how long they would like to take for maternity leave, including a proposed return to work date, and if applicable discuss the possibility of returning part time. You need to consider annual leave entitlements and when they will take this (ie before/after maternity leave), remember they will continue to accrue this while on maternity leave. It is therefore encouraged that employees take the proportion of the total accrued AL before they start maternity leave.</p>	<input type="checkbox"/>
<p>4 Advise the employee that they should contact HR to make an appointment to discuss their entitlements to maternity leave and maternity pay.</p>	<input type="checkbox"/>
<p>5 Meet with the employee to agree their maternity leave dates – you will also need to agree when they will take their annual leave and arrange KIT days. The KIT Days form can be found on YCloud.</p>	<input type="checkbox"/>
<p>6 Complete an Application for Maternity Leave and Pay form and send to HR at least 28 days before the commencement of the maternity leave, but as early as possible.</p>	<input type="checkbox"/>
<p>7 You must also send the MATB1 and a changes form to detail the change information. Following receipt of this the Payroll Department will notify the employee of their pay entitlements.</p>	<input type="checkbox"/>
<p>8 The employee starts maternity leave – they must take at least two weeks' Compulsory Maternity Leave.</p>	<input type="checkbox"/>
<p>9 If the employee has not confirmed their return to work date, HR will write to them to request confirmation of their intention to return to work 12 weeks after their due date. If they have confirmed a return to work date, we will write four months after the due date to check this is still correct. Employees are requested to reply within 14 days or as soon as is reasonably practicable, however, this is not enforceable. HR will communicate this information to you.</p>	<input type="checkbox"/>

- 10 Employees wishing to change their maternity leave period end date or not to return must give their contractual notice period.
- 
- 11 Upon their return to work, a changes form should be completed (even if the original changes form stated the return date). If they are taking annual leave, this should be indicated clearly after the return-to-work date and also on the time sheets.
- 
- 12 A breastfeeding risk assessment must be completed if applicable.
- 
- 13 Employees must return to work at YDH or another NHS organisation for a minimum of three months. If they agree to return and then decide not to, they will have to refund the whole of the OMP paid, less any SMP.
- 
- 14 If they decide to return to another NHS organisation, they must provide confirmation of my appointment at the new employer within 15 months of starting their maternity leave.
- 





# Mutually Agreed Resignation Scheme

## 1 What this policy covers

**The Mutually Agreed Resignation Scheme (MARS) is a national scheme designed to help meet the financial challenges associated with rapid change and service redesign.**

Under the scheme, an employee, in agreement with YDH, can choose to leave employment in return for a severance payment.

This policy provides an overview of the conditions and process for application and the benefits payable. More information, including frequently asked questions, can also be found on the HR Forms section of YCloud (the YDH staff intranet website).

## 2 Principles

- Any application under MARS must demonstrate that an employee's departure on voluntary terms would be in YDH's financial and operational interests.
- The business case to leave under MARS will need to demonstrate why the severance payment represents value for money and that it will not adversely effect financial targets or service delivery.
- MARS must not be used where there is a clear case of compulsory redundancy or voluntary redundancy, which are covered under Section 16 of the *NHS Terms and Conditions of Service Handbook* or where there is any other exit provision applicable to the circumstances.
- MARS is entirely voluntary from the employer's and employee's perspectives and YDH has no legal obligation to accept any application.

“Any application under MARS must demonstrate that an employee's departure on voluntary terms would be in YDH's financial and operational interests”

## 3 Responsibilities

- YDH aims to ensure that applications for MARS are dealt with in accordance with this policy and in a way that does not discriminate.
- Managers are responsible for ensuring that all applications received are given serious consideration and dealt with in accordance with this policy fairly and equally.
- Staff wishing to make an application under MARS should seek advice and fully research the impact on their employment position should their application be successful.



“Employment taken into account for a previous redundancy or loss of office payment by an NHS employer will not count as reckonable service”

## 4 Policy in practice

### 4.1 Reckonable service

Payments under MARS are determined nationally and are based on the amount of “reckonable service”. For this scheme, reckonable service means continuous full-time or part-time employment with present or any previous NHS employer (including any local authority continuous service honoured at point of TUPE transfer to YDH), where there has been a break in service of 12 months or less at date of leaving.

Employment that has been taken into account for a previous redundancy or loss of office payment by an NHS employer will not count as reckonable service. Reckonable service will not be backdated past the point at which a person has either drawn their NHS pension or previously received benefits for redundancy.

Any severance payment made will be offset against any subsequent payment made for any future calculation of redundancy payments in subsequent employment. This would apply where the period of employment covered by the severance payment is taken into account in calculating the redundancy payment.

### 4.2 Calculation of payments

MARS payments will be calculated using the nationally agreed model detailed below.

Reckonable service (complete years)	Scale of payment
1 year's continuous service (YDH/NHS)	3 months' basic salary
2 years' continuous service (YDH/NHS)	3 months' basic salary
3 years' continuous service (YDH/NHS)	3 months' basic salary
4 years' continuous service (YDH/NHS)	3 months' basic salary
5 years' continuous service (YDH/NHS)	3 months' basic salary
6 years' continuous service (YDH/NHS)	3 months' basic salary
7 years' continuous service (YDH/NHS)	3.5 months' basic salary
8 years' continuous service (YDH/NHS)	4 months' basic salary
9 years' continuous service (YDH/NHS)	4.5 months' basic salary
10 years' continuous service (YDH/NHS)	5 months' basic salary
11 years' continuous service (YDH/NHS)	5.5 months' basic salary
12 years' continuous service (YDH/NHS)	6 months' basic salary
13 years' continuous service (YDH/NHS)	6.5 months' basic salary
14 years' continuous service (YDH/NHS)	7 months' basic salary
15 years' continuous service (YDH/NHS)	7.5 months' basic salary
16 years' continuous service (YDH/NHS)	8 months' basic salary
17 years' continuous service (YDH/NHS)	8.5 months' basic salary
18 years' continuous service (YDH/NHS)	9 months' basic salary
19 years' continuous service (YDH/NHS)	9.5 months' basic salary
20 years' continuous service (YDH/NHS)	10 months' basic salary
21 years' continuous service (YDH/NHS)	10.5 months' basic salary
22 years' continuous service (YDH/NHS)	11 months' basic salary
23 years' continuous service (YDH/NHS)	11.5 months' basic salary
24 years' + continuous service (YDH/NHS)	12 months' basic salary

### 4.3 Settlement agreements

Employees who apply under the MARS will be issued with a settlement agreement to sign, which will set out the financial and other terms under which the employment will end.

Independent legal advice will need to be obtained by the employee before signing the settlement agreement. The organisation will contribute up to £300 (inc VAT) towards the cost of this legal advice.

### 4.4 Re-employment

Severance payments made under the MARS are subject to an employee not having secured another job in the NHS at time of leaving. Failure to disclose securing another NHS position prior to accepting any MARS payment is fraudulent and YDH will pursue wrongful payment of MARS money in line with its normal practices.

Employees under the MARS would not be re-employed under normal circumstances by the same employer, in the same or a different post, before an agreed period of time has elapsed. This is to ensure that public money is spent appropriately and due consideration is given to all the alternatives available to an organisation when assessing the business case for any application under the MARS. In respect of YDH, a minimum break of six months is required.



An employee, who secures another job within the NHS within a short period of time is required to repay some of their compensation to the employer that made the payment. If the job is at a lower salary, the repayment would be reduced accordingly. The settlement agreement between the employee and YDH will specify the requirements for repayment in such circumstances.

The employee's proposed leaving date will be subject to negotiation and mutual agreement between the employer and employee.

### 4.5 Pensions

Staff whose application under MARS is accepted who have reached their normal pensionable retirement age can claim their NHS pension benefits. YDH will not incur additional costs related to paying pension benefits.

**“Each MARS application will be considered on its own merits. YDH reserves the right to determine whether or not an application will be approved and there will be no right of appeal for those whose applications are not successful”**

Staff whose application under MARS is accepted and who have reached their minimum pension age may also wish to apply for voluntary early retirement with reduced pension benefits.

YDH cannot guarantee the timing of the payment of such benefits in line with any MARS payments and applications for pension benefits will need to be made in the normal manner by submission of a leaver's form.

Further information about the NHS Pension Scheme is available at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions)

### 4.6 Eligibility for applying for MARS

Each MARS application will be considered on its own merits. YDH reserves the right to determine whether or not an application will be approved and there will be no right of appeal for those whose applications are not successful.

The following situations would normally prevent consideration for the MARS:

- where an employee had already formally given notice of their intention to resign or retire prior to the date when applications are formally being sought
- where an employee has already secured a job with another employer
- where an employee has been notified of the date of the termination of their contract of employment for any reason
- where an employee is undergoing a performance management procedure, in the formal stages, to address poor performance
- where an employee is undergoing a formal conduct procedure.

The scheme is not available to bank workers.

**“A MAR is viewed as voluntary resignation by the employee in return for a severance payment. There may be significant financial and lifestyle implications for the employee”**

If you're not sure whether you're eligible to make a MARS application, please contact the HR Department for advice.

A MAR is viewed as voluntary resignation by the employee in return for a severance payment. There may be significant financial and lifestyle implications for the employee and further guidance is given on YCloud (the YDH staff intranet website).

Employees may also wish to seek advice from a regulated financial advisor.

#### 4.7 Application process

Employees who wish to make a MARS application should discuss their case with their line manager in the first instance. Informal discussions will be confidential and not create a binding commitment for either party. HR will also be available to provide advice.

Employees should then submit their MARS application to their line manager by any notified closing date, using the MARS application form (available on the HR Forms section of YCloud).

The line manager, with advice from HR, will be asked to indicate their support or otherwise for the application, explaining any potential financial savings and payback time along with reassurance as to how YDH's business needs will continue to be met.

The application must then be submitted to the relevant senior manager (eg director, head of department/ nursing, general manager or equivalent) to confirm that the application will not adversely affect financial targets or service delivery, before submitting to the HR Department.

If an application is not considered feasible by the line manager or senior manager, they must say why on the application form. The form should still be submitted to the MARS Panel for consideration.

A member of the HR team will arrange for the application to be acknowledged. The information submitted will then be verified and the potential MARS payment calculated.

Once an application is submitted it will be dealt with in strict confidence by all those involved with the process.

Applications will be considered by a MARS Panel comprising YDH Directors, with advice from HR. The panel will decide whether to approve an application.

Following approval, YDH will write to the staff member confirming that their application has been approved, the amount of the MARS payment and leaving date, also requesting the staff member's acceptance or rejection of the offer within a given timescale.

If the panel does not approve an application, YDH will write to the staff member to tell them so. The line manager will also be notified.





# On call

## 1 What this policy covers

**The aim of this policy is to set out an affordable, clear, consistent and fair framework for on-call arrangements and payments.**

On-call systems are part of arrangements to provide appropriate out-of-hours service cover across the NHS and staff on call are entitled to receive an on-call payment.

The on-call arrangements and payments detailed in this policy have been determined in local partnership with union colleagues and are in line with the Agenda for Change principles for harmonised on-call payments and other extended service cover (as detailed in Annex 3 of the Agenda for Change Terms and Conditions of Employment).

This policy, effective from 1 March 2016, applies to all staff required to provide on-call cover, excluding medical staff and executive directors and replaces Whitley and other local on-call agreements.



## 2 Definitions

**On call:** For this policy, “on call” is defined as a member of staff being designated as a specific point of contact, outside their normal working hours, and when they are not required to be at work and onsite already, so they are available to deal with queries and service-related issues as they arise during the on-call period and/or undertake essential clinical work.

**Normal working hours:** Those regularly worked and/or fixed by a contract of employment. Time worked as overtime is not normal work unless an employee’s contract specifies a minimum number of overtime hours to be worked.

On-call does not apply to staff required to work additional hours immediately after their normal working day as this would be considered overtime.

If you are rostered to be on-call and are subsequently required to remain at work as part of your on-call duties, this would attract the appropriate on-call payment.

## 3 Principles

In line with the principles of equal pay for work of equal value, this policy has been drawn up to ensure that staff required to be available for work out of normal hours receive fair and equal payment, both in terms of them having to be available and for actual work undertaken when called.

## 4 Responsibilities

The YDH Directors are responsible for determining which services require an on-call provision and have overall responsibility for ensuring this policy is applied correctly.

Operational and line managers in each area operating an on-call system are responsible for ensuring that:

- job descriptions detail the contractual requirement to provide on call cover
- the extent of on-call commitment is explained at interview
- they agree an on-call rota that complies with the Working Time Directive and that all staff are aware of their obligations
- systems are in place for the authorisation and checking of on-call payments
- they specify who is expected to contribute to the on-call rota and that they realise their commitment to frequency of duty and extent of responsibilities
- they ensure that affected employees have been notified in advance and are aware of their commitment
- they ensure employees working on call receive appropriate compensatory rest
- they set the time frames for attendance on site, based on clinical need and impact on service, such as delaying discharge
- local arrangements are in place for on-call back-up in case of short notice requirements.
- they are contactable and available for their period of on-call duty and they attend/respond within any specified time frames
- they accurately record time spent working in the appropriate way in a timely fashion and forward it to their manager for submission to payroll
- they inform their manager (or nominated deputy) if they are unavailable to be on call through sickness or emergency as soon as practically possible
- they provide an appropriate handover.

The Payroll Department will ensure:

- that on-call payments are made in line with this policy
- that on-call payments are uplifted in line with national pay awards
- it responds to queries relating to on-call payments, after the employee has discussed any concerns with their line manager in the first instance.

## 5 Policy in practice

### 5.1 Payments for on call

On-call payments will be made to staff required to provide on-call cover outside their normal working hours.

**“Reasons for not being available for on call, such as parental or caring responsibilities or ill health, are discussed and exclusion is agreed where appropriate”**

Reasons for not being available for on call, such as parental or caring responsibilities or ill health, are discussed and exclusion agreed where appropriate. The manager will seek advice from Human Resources before reaching agreement and guidance may be sought from Occupational Health if required.

Staff participating in on-call arrangements should ensure:

- that the hospital is aware of how they can be contacted and they have provided up-to-date contact details

On-call session	Availability rate
Monday to Friday, from the end of the normal working day on one day to the commencement of the next normal working day.	£1.10 per hour
Saturday, midnight to midnight	£1.30 per hour
Sunday, from midnight to midnight	£1.50 per hour
Public holiday, from midnight to midnight	£2 per hour





“Each department requiring an on-call service will determine locally the on-call period required to provide out-of-hours cover for the service”

Payments will be made based on:

- availability for being called
- actual work undertaken when called.

Each department requiring an on-call service will determine locally the on-call period required to provide out-of-hours cover for the service.

**On-call availability payment**

The availability payment will cover the inconvenience of being contactable and available to work, and where appropriate, being able to attend work within a given time period. For each on-call service, the acceptable response and attendance time will be determined by the service manager, in consultation with the employees involved.

Pay enhancements for individual employees will be the same for all departments and based on an hourly rate (see box at the foot of this page).

During their on-call period, some employees may wish to stay in accommodation onsite, or stay nearby (eg if they do not live within the required distance to meet the call in time). In this case, employees will receive the standard availability payment for being on call and will be paid for any work undertaken when resident on site, as described in the policy. The employee must discuss the rationale for staying onsite or in local accommodation, because the department will pay reasonable costs for this.

Managers and employees have a mutual responsibility for agreeing suitable contact arrangements.

**Payment for work undertaken**

The rates paid for work undertaken are detailed below. The employee must decide, in agreement with their manager, whether the time will be paid or taken as time off in lieu (TOIL).

Employees who, in extenuating circumstances, and for operational reasons only, are unable to take mutually agreed TOIL within one month, will be paid at the rate detailed.

There will be a minimum period of two hours' payment for work undertaken onsite, including travel time. Where second requests are received within the initial two-hour period, both calls will be considered as one period of work (ie there will not be a further minimum payment of two hours).

The period used to calculate payment will start from the receipt of the phone call and will end when the employee arrives home. There will be a minimum period of one hours' payment for work undertaken off site (ie working remotely from home on the computer).

On-call session	Payment for work undertaken
Monday to Friday, from the end of the normal working day on one day to the start of the next normal working day	Employee's basic hourly rate plus 30%
Saturday midnight to midnight	Employee's basic hourly rate plus 30%
Sunday and public holiday, from midnight to midnight	Employee's basic hourly rate plus 60%



Employees who must be on call on a public holiday will receive their availability payment and any payment for work undertaken, plus TOIL equivalent to the day they would have worked on the public holiday (eg this would be a 7.5 hour day not a whole on-call period of 12 or 24 hours).

No on-call payments will be received when an employee is absent from work.

Ideally, employees should not be rostered on to an on-call shift that would go into a day off. However, if an employee is asked to cover due to unforeseen circumstances (eg sickness), they should receive TOIL to the nearest half day.

If an employee volunteers to be on call on a day off, they are agreeing to work overtime and should be paid for this instead of having the day off.

Where an employee has worked on call, each hour worked may count towards 1.5 hours of their contracted hours, should they not wish to work additional hours over their contract. Where this option is chosen, they will not receive the payment for work undertaken during the on-call period.

During their period of on call, some employees may wish to stay in accommodation onsite or nearby (eg if they do not live within the required distance to meet the call in time). Such employees will receive the standard availability payment for being on call and will be paid for any work undertaken when staying onsite, as described in section 5. The employee must discuss the rationale for staying onsite or in local accommodation, because the department will pay reasonable costs.

#### Pay protection

It is acknowledged that, for some staff, there will be a financial detriment associated with the introduction of harmonised rates of pay. Therefore, there will be a period of short-term pay protection, in accordance with the YDH Organisational Change and Pay Protection Policies.

Pay protection will apply to availability payments, payments for work done and travelling time.

#### Payment for telephone calls

A minimum of one hour is assumed for payment of work undertaken by telephone. Where a second telephone call is received within the initial one-hour period, both calls are considered as one period of work.

Arrangements for contacting staff on call, which may include YDH mobile phones, private home phones, private mobile phones and pagers, will be reviewed by the service manager to minimise cost, but maintain convenience and reliability. A YDH mobile phone or pager will be provided as needed.

Itemised telephone bills, which have business calls highlighted, will be reimbursed at the actual cost of the telephone calls plus VAT. Where a charge is made for an itemised bill, this will also be reimbursed.

Telephone line rental will not be reimbursed to employees, but alternative methods of contact may be provided.

#### Travel

■ **Mileage:** When an employee is required to return to or to attend work outside their normal hours of duty as part of an on-call arrangement, they will be entitled to claim travel expenses for the return journey between home and work.

Travel expenses will be reimbursed at business mileage rates or lease car rate as appropriate (see the Travel and Expenses Policy on page 156).

■ **Travel time:** When an employee is required to return to or to attend work outside their normal hours of duty as part of an on-call arrangement, travel time will be paid for work undertaken from the time they leave their home until they arrive at their work location and from the work location to home, up to a maximum of one hour each way, subject to service needs.

**“Itemised telephone bills, which have business calls highlighted, will be reimbursed at the actual cost of the telephone calls plus VAT. Where a charge is made for an itemised bill, this will also be reimbursed”**



If the employee does not attend work straight after the phone call and a specific time to attend is arranged, this will only be paid from the time the employee leaves home.

Where a member of staff needs to attend a site that is not their work base, they will be paid the return travelling time from their home to that site.

Where an employee remains at work after their on call and does not go home, the return journey will not be paid.

Alternatively, employees may choose to take TOIL (at plain time rates) for the actual time spent travelling, where this can be accommodated by the service (and without backfill).

Departments will clarify the travelling distance or time period within which on-call staff should be able to get to site and provide the rationale for this.

## 5.2 Compensatory rest

This is an equivalent period of unpaid rest given following the interruption of the daily rest requirements under the Working Time Directive.

Employees should normally have a rest period of not less than 11 hours in each 24-hour period. This rest should be continuous, but can be broken in "special cases" where continuity of service provision is required by the same person. If it is not practicable to take 11 hours because of the contingencies of the service, daily rest may be less, providing the compensatory rest is taken later.

Where a period of rest is interrupted by an emergency, unpaid compensatory rest should be provided. However, it is recognised that in some emergency situations, compensatory rest may not always be possible.

In exceptional circumstances, where on-call employees are scheduled to work the day following a period of on call activity and their rest has been disturbed so there is a risk to their safety and that of others, the employee must receive compensatory rest. This may be achieved by delaying the start of the next day's shift or allowing the employee to leave early, with agreement from the manager.

**“Ultimately, it is the manager’s responsibility, in consultation with the employee, to determine whether compensatory rest is needed, how much and when this should be, to ensure it is taken and that the employee makes up for any time lost”**

Ultimately, it is the manager’s responsibility, in consultation with the employee, to determine whether compensatory rest is needed, how much and when this should be, to ensure that it is taken and that the employee makes up for any time lost.

## 5.3 Part-time employees

Where possible and if the service allows, part-time employees can participate in the on-call rota on a pro-rata basis.

Availability payments will be the same for both full- and part-time employees to ensure that part-time employees receive the same payment for the same length of availability on call as full-time employees.

## 5.4 Pensions

Availability payments are pensionable, but payment for work done on call (including travelling time) is not. This is determined by NHS Pensions instructions.

## 6 Review

Any nationally agreed pay awards applicable to all Agenda for Change pay bands will be applied to the availability payments. However, where the national agreement applies only to specific bands, any pay award will be negotiated locally. Where the pay uplift is limited to a fixed sum, no increase to availability payments will be awarded.

The effectiveness and cost of operating this policy will be reviewed nine months after implementation (based on six months’ data from 1 March 2016) and in response to new evidence, legislation or guidance, whichever is sooner, or every three years.



# Organisational change

## 1 What this policy covers

**YDH is continually striving to improve patient care and this, coupled with responding to budget and other pressures, requires a challenging programme of change.**

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

This 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. Information about pay protection as a result of organisational change can be found in YDH's Pay Protection Policy (see page 103).

## 2 Principles

- YDH 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.

## 3 Responsibilities

- YDH aims to ensure that this policy is followed where organisational change is required and that managers are aware of their responsibilities.
- The Associate Director of Human Resources and Organisational Development will oversee implementation of the policy within YDH and monitor compliance and effectiveness.

- Managers who are leading a change process within their area of responsibility should follow the principles and processes within this policy, and should seek advice from Human Resources in developing a robust plan to undertake the change.
- Human Resources will provide advice and support to managers and staff on the implementation of this policy where change has staffing implications.
- Trade unions and managers will work together to ensure any change process is managed in a fair and consistent manner and in accordance with the principles and processes contained within this policy. They will also offer representation and support to staff as required.
- Staff should engage positively in the organisational change process.

**“Trade unions and managers will work together to ensure any change process is managed in a fair and consistent manner”**





## 4 Policy in practice

### 4.1 Rights of representation

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

### 4.2 Process overview

#### Step 1: Workforce planning

The need for a change to staffing may be identified through either the regular YDH workforce planning process or in response to a specific situation. In either case, managers should:

- identify the staff changes required for the service change. This will require clarification of any new roles, job descriptions and person specifications, departmental structures and reporting lines
- analyse current staffing levels and complete an audit of the existing workforce should identify and shortfall or surplus in respect of staffing.

**“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”**

#### Step 2: Consultation

In the event of proposed changes to services or ways of working that could lead to workforce reorganisation, YDH will consult with the appropriate recognised trade unions or professional bodies and with the individuals and/or staff groups concerned.

The responsible manager should:

- undertake consultation and discussions with staff and staff representatives at the earliest opportunity and throughout the process, the extent of which will depend upon the timing and availability of information. YDH will consult for at least 30 days. In exceptional circumstances, this timescale may be reduced by agreement with the affected staff and their union representatives
- contact Human Resources for advice regarding the process, timescales, consultation requirements and any other related issues.

In undertaking the 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, following due process, appointments to any new structures will be completed as speedily as practicable, which will have due regard to issues of fairness and equality.

Managers involved in the organisational change process 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. The discussion will also include

the opportunity to express an interest in early retirement/redundancy. 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 5.

### Step 3: HR processes

Where changes to the current workforce are required, the following HR processes will be used:

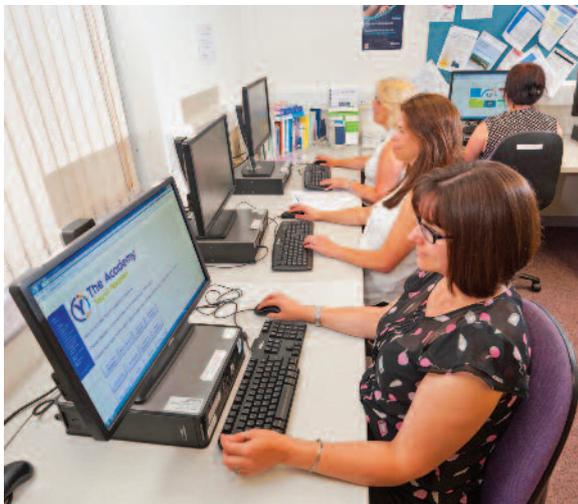
#### Automatic slot-in

Where the responsibilities of a post in the new structure amount to at least 70 per cent of a current member of staff's existing duties, they have the right to be automatically slotted into that post if the number of staff who qualify under this criteria is not greater than the number of posts available.

#### Competitive slot-in

If the number of posts in the new structure is less than the number of staff who meet the 70 per cent slotting-in criteria, a competitive selection process will apply. The process will consist of a formal interview plus other selection exercises if appropriate.

**“Employees identified as being at risk of redundancy will be asked to complete a redeployment questionnaire identifying their skills and post preferences”**



Please note that staff on maternity leave who meet the slotting-in criteria will be given priority and offered posts where there are more than one potential candidates.

#### Redeployment: “at risk” of redundancy

If there is no post in the new structure where staff fulfil at least 70 per cent of the duties, they will enter YDH's Redeployment Pool.

Staff identified as being “at risk” of redundancy will be allocated a named contact in the HR Department who will guide them through the redeployment process and assist them in identifying support mechanisms and options available to them. Staff will be given maximum opportunity to obtain suitable alternative employment within YDH.

#### Suitable alternative employment

Suitable alternative employment will be sought for members of staff who are on the “at risk” register. A “suitable alternative” role is where there is no material change to an employee's income, status, working pattern of hours or level of responsibility within the organisation.

To help with the search and match for suitable alternative employment, those employees identified as being at risk of redundancy will be asked to complete a redeployment questionnaire identifying their skills and post preferences.

Where there is doubt about whether an alternative post is considered suitable, a fair assessment procedure using objective criteria (eg experience, skill and aptitude using current job description/person specification, completed redeployment questionnaire and current pay banding) will be undertaken by Human Resources.

Other factors will also be taken into account when identifying suitable alternative employment including:

- banding
- pay and protection of earnings
- personal circumstances
- terms and conditions of service.

While HR will support the staff member to look for roles within and beyond YDH, the staff member is also responsible for proactively looking for suitable alternative employment. Failure to search for or





**“All vacant posts within YDH will be ring-fenced for staff ‘at risk’ of redundancy, meaning that for that period only staff at risk of redundancy can apply”**

unreasonably rejecting a suitable alternative job may result in loss of redundancy payment.

#### **Ring-fencing**

All vacant posts within YDH will be ring-fenced for staff “at risk” of redundancy, meaning that for that period only staff at risk of redundancy can apply. The posts will be ring-fenced for one week before being released to the wider Redeployment Pool.

The HR Department, having undertaken a preliminary matching process, will notify individual employees at risk of potential suitable alternative posts. Either option one or option two (see below) will then be followed to determine the successful candidate for the post, depending on the circumstances.

#### **Option one**

If a member of staff expresses an interest in a post, assuming that there is only one candidate, they will discuss with the potential new manager how they can fulfil the majority of the role’s requirements, immediately or with training and support, within a reasonable time frame (three months is recommended).

Retraining will be considered to allow people to develop necessary additional skills to fulfil a new role.

#### **Option two**

If there is more than one member of staff “at risk” expressing a written interest in the same post, and they can demonstrate that they can fulfil the majority of the role, a competitive interview process will take place to determine the successful candidate. Trial periods will also apply under both options.

If a vacancy for a fixed-term appointment arises and is a suitable alternative, it can be used to extend the employment of anyone “at risk” with no loss of redundancy payment.

#### **Redeployment Pool**

Staff who have not secured a substantive alternative role within YDH and are “at risk” of redundancy, will automatically be placed in the Redeployment Pool until they have either secured a role or are made redundant.

Staff in the Redeployment Pool as a result of organisational change must attend a redeployment meeting, with HR, which will explain the process to be followed. This meeting should take place within one week of redeployment being required and the details will be recorded and held by HR.

At the redeployment counselling meeting, the types of roles available to the employee will be discussed. Details will be obtained of their skills, experience, knowledge and qualifications (their manager will also be asked to provide a summary of their skills).



In addition, they will be given information regarding the restricted vacancies on NHS Jobs, which they may be required to use to access vacancies. For employees who are unable to use the NHS Jobs system, alternative systems will be available, the detail of which will be discussed with the employee at the redeployment counselling meeting. At this meeting, the employee will be formally placed on the “at risk” register for their notice period.

Employees in the Redeployment Pool are entitled to reasonable time off to attend interviews within YDH and at other organisations, the process for which will be discussed at the redeployment counselling meeting.

The HR team will regularly undertake a matching process to identify any suitable vacancies and any posts identified will be emailed to the employee (or posted if agreed at redeployment counselling meeting). However, the employee is also expected to participate in identifying vacancies. Regular communication should take place, with respect to the suitability of roles identified by the employee or the HR team. Staff are expected to cooperate at all stages of the process.

Staff will be considered for all suitable vacancies within YDH, providing they meet all the essential criteria in the person specification. When considering whether posts are suitable for employees with a disability, consideration will be given to whether the role would be suitable with reasonable adjustments made.

Other than in exceptional circumstances, where redeployment is due to organisational change, posts generally considered as suitable employment will be no more than one pay band higher or lower than their current post, and pay protection may be applicable. See page 93 for further details on pay protection.

In cases of redeployment on health grounds, Occupational Health will perform a detailed assessment of the vacancy to determine suitability.

Once a post is identified as potentially suitable, the employee will be invited to attend an informal meeting with the line manager to discuss their suitability for the post. If more than one staff member is considered

potentially suitable for the same position, all eligible employees will be interviewed formally.



**“In cases of redeployment on health grounds, Occupational Health will be asked to perform a detailed assessment regarding the vacancy to determine if it is suitable”**

Where the line manager cannot agree suitability, formal feedback will be given to the candidate following the interview (or meeting), giving reasons for their decision.

Staff in the Redeployment Pool who are not assigned to a position will, wherever possible, be redeployed during their notice period into a temporary role at YDH where they meet all the essential criteria in the person spec. Should the employee be redeployed into a temporary post, they will remain in the Redeployment Pool.

Employees should indicate in writing their intention to accept or decline an offer of employment, and forward this to the HR team. Where they have declined a position, they must clearly state their reasons.

If the employee is thought to have unreasonably declined an offer of employment, their employment status will be reviewed. In cases of organisational change, their employment may be terminated and they may forfeit their entitlement to any redundancy payments due.

If it is not possible to redeploy an employee into a suitable post, they will meet with HR at the end of their notice period to complete required leaving procedures.



**Trial period**

If an employee is offered a new position, this will be made in writing, and they will need to write a letter confirming their acceptance.

If an employee is redeployed because of organisational change, they have a statutory right to a four-week trial period. Following this they may be eligible to a redundancy payment if either party does not consider the post suitable.

During the employee's trial period, their line manager will be set performance objectives. They will have regular review meetings to discuss their performance against these objectives.

Should the employee fail to achieve the performance objectives set for them during the trial period, a further review of their employment status will follow. A meeting will be convened to discuss the issues, which may result in termination of employment on grounds of redundancy, depending on the circumstances leading to redeployment.

**5 Redundancies****5.1 Avoiding compulsory redundancies**

YDH is committed to avoiding compulsory redundancies where possible. Following consultation, the following actions may be considered in addition to redeployment, to mitigate the effect of any necessary changes that may result in redundancies:

- 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 YDH through "preferential consideration" for any suitable vacancy.

Human Resources will maintain an "at risk" register and ensure those on it get preferential consideration for any suitable vacancy that arises, through use of our internal Redeployment Pool.

No employee will be issued with a notice of redundancy until the end of the agreed consultation period, during which time every attempt will be made to find them alternative employment.

**5.2 Voluntary redundancy**

In the first instance, requests for expressions of interest in voluntary redundancy may be sought from staff affected by the organisational change or a wider staff group, with view to minimising compulsory redundancies by creating vacancies to facilitate staff transfers and identification of suitable alternative employment.

All staff indicating an interest will be provided with financial quotations about their entitlement.

Applications will be considered against objective criteria with a view to maintaining the skills, knowledge and experience essential for the future efficient and effective provision of service delivery.

Applicants will be advised in writing as soon as a decision has been made about their application. There is no right of appeal where an application for voluntary redundancy has been declined.

**5.3 Compulsory redundancy**

Compulsory redundancies will be a last resort. The method of selection will be consulted upon with trade unions with the aim of achieving agreement. The criteria will be fairly and consistently applied and will reflect ACAS guidance.

**Procedure in respect of redundancies**

Where there is a potential risk of redundancies, YDH will ensure that as part of the consultation process the appropriate information is provided in writing to

**"No employee will be issued with a notice of redundancy until the end of the agreed consultation period, during which time every attempt will be made to find them alternative employment"**

employees and their representatives. This will include:

- reasons for any proposed redundancies
- numbers of employees and descriptions of posts affected
- proposed method of selecting the employees 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:

**“Compulsory redundancies will be a last resort. Selection will be consulted upon with trade unions with the aim of achieving agreement. The criteria will be fairly and consistently applied and will reflect ACAS guidance”**

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

YDH 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 employees. 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. YDH 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 will provide signposting services or advice and support for staff placed “at risk” including:

- interview techniques
- completing application forms and writing CVs
- career coaching and advice
- job opportunities
- counselling services
- retraining and personal development.
- access to the Employee Assistance Programme.

#### **Selection for redundancy**

An employer must demonstrate fair treatment in selection for redundancy. In determining the selection criteria, the following should be considered:

- 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 YDH 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.

Additional criteria will include consideration of:

- attendance record (this should be complete and accurate and the reasons for and extent of absence should be known)
- disciplinary record
- skills or experience
- standard of work performance
- aptitude for work
- formal qualifications and advanced skills should be considered, but not in isolation.



“To qualify for redundancy payment staff must have a minimum of two years’ continuous YDH or NHS employment. Redundancy payments will be calculated in accordance with the NHS National Terms and Conditions of Service in operation at the time”

Any additional criteria appropriate to a particular post or situation should be agreed by the relevant director and HR representative in consultation with trade unions.

It is essential that all selection criteria are fair, objective and applied consistently.

#### **Redundancy payment**

To qualify for redundancy payment staff must have at least two years’ continuous YDH or NHS employment. Redundancy payments will be calculated in accordance with the NHS National Terms and Conditions of Service in operation at the time (section 16.8 of Agenda for Change – see NHS Employer’s website for its terms and conditions).

## **6 Right of appeal**

Employees have the right of appeal against their selection for redundancy, utilising the appeal procedure outlined in YDH’s Grievance Policy, which has informal and formal stages (see page 50). Any redundancy notice will not be suspended while an appeal procedure is being followed, but would be revoked or amended if the appeal was successful.





# Parental leave

## 1 What this policy covers

**YDH recognises that working parents may need to take additional unpaid leave from work to care for their children. This policy explains who qualifies and how to request parental leave.**

It also sets out how and when the leave can be taken, provides information on your contractual rights and your right to return to work following parental leave. In cases of adoption, please also refer to YDH's Adoption Leave Policy (see page 5).

## 2 Principles

- While YDH supports the principle of parental leave, decisions in respect of when the leave can be taken must take account of service demands.
- Leave granted via this policy must be used primarily for spending time with or caring for your child. The use of the leave for any other purposes could result in disciplinary action being taken against you.



## 3 Responsibilities

- YDH aims to ensure that applications for parental leave are treated in accordance with this policy and in a way that does not discriminate.
- Managers are responsible for actioning requests for parental leave in accordance with this policy.
- Employees wishing to take parental leave should inform their managers within the timescales specified in this policy.

**“YDH aims to ensure that applications for parental leave are treated in accordance with this policy and in a way that does not discriminate”**

## 4 Policy in practice

### 4.1 Qualifying conditions

To qualify for parental leave you must have been employed by YDH continuously for one year or more. You must also have responsibility for the child and be one of the following:

- the biological mother or father of the child
- the child's adoptive parent
- Have legal responsibility for the child (eg be the child's legal guardian).

You must confirm that the requested leave is intended for spending time with or caring for the child.





“You’re entitled to your normal terms and conditions of employment, with the exception of pay, while on parental leave. Periods of parental leave will not affect your continuity of service”

You will also be required to provide evidence of your responsibility for the child. This may be either a copy of the child's date of birth or adoption placement and, if applicable, the child's entitlement to Disability Living Allowance.

If you intend to take parental leave immediately after paternity leave, you must give YDH a minimum of 21 days' notice from the beginning of the expected week of childbirth or placement.

#### 4.2 Entitlements

If you meet the qualifying conditions, you are entitled to:

- a maximum of 18 weeks' unpaid parental leave for each child up to their eighteenth birthday
- you can only take a maximum of four weeks a year for each child (unless YDH agrees otherwise)
- you must take parental leave as whole weeks (rather than individual days)
- if your child is registered disabled, you are entitled to a total of 18 weeks' parental leave, which can be taken at any point up to your child's eighteenth birthday and unlike other parental leave you are not required to take the leave in whole weeks, but can take one day at a time if you wish
- if your child is adopted and is below the age of 18, you are entitled to a maximum of 18 weeks' unpaid parental leave, to be taken before the child's eighteenth birthday.

#### 4.3 Contractual benefits during parental leave

You are entitled to your normal terms and conditions of employment, with the exception of pay, while on parental leave. Periods of parental leave will not affect your continuity of service.

#### 4.4 Procedure

If you meet the qualifying conditions detailed above, you are required to give your manager a minimum of 21 calendar days' notice, in writing, of your request to take parental leave. This notice should be given through completion of the Parental Changes form, which can be found on the HR Policies Forms section of YCloud (the YDH staff intranet site).

#### 4.5 The right to postpone parental leave

YDH has the right in exceptional circumstances to postpone your parental leave for up to six months if the timing of your absence will unduly disrupt service delivery.

#### 4.6 Returning to work after parental leave

You are normally entitled to return to work following parental leave to the same position you held before commencing your leave. Your terms of employment will remain unchanged upon your return from parental leave.

If your parental leave has been combined with a period of maternity, adoption or paternity leave of more than four consecutive weeks, and it is not reasonably practicable for you to return to the same position you held before commencing leave, YDH will offer you suitable alternative employment.



# Paternity leave

## 1 What this policy covers

This policy has been designed as a guide to outline rights and responsibilities in relation to paternity leave. It applies to all employees on Agenda for Change, as well as Medical and Dental Terms and Conditions of Service.

## 2 Principles

YDH recognises that employees need to take time away from work to bring up their family and is committed to supporting all employees in a consistent, fair and effective way with regards to applying for time away from work in such circumstances.

## 3 Responsibilities

- YDH aims to ensure application of this policy is fair, equal and in no way discriminatory.
- Managers are responsible for actioning requests for paternity leave in accordance with this policy.
- Human Resources and Payroll will provide advice on applying this policy.
- Employees wishing to apply for paternity leave should do so using the procedure outlined in the policy.

**“YDH recognises that employees need to take time away from work to bring up their family and is committed to supporting all employees in a consistent, fair and effective way with regards to applying for time away from work in such circumstances”**



## 4 Policy in practice

### 4.1 Eligibility

To qualify for up to two weeks' paternity leave (not including pay) employees must:

- be the biological/adopted father and/or the mother's/other parent's husband or partner (including same-sex partner or civil partner, regardless of gender). A partner is someone who lives with the baby's parent/mother in an enduring family relationship, but is not an immediate relative
- have or expect to have responsibility for the baby.

In addition employees should:

- have at least 26 weeks' continuous employment ending with the fifteenth week before the Expected Week of Childbirth (EWC) or the week they are notified of the match in the case of adoption
- be working from the Qualifying Week (QW – the fifteenth week before the EWC) up to the date of birth or date of placement in the case of adoption.
- intend to take the time off to support the mother and/or care for the baby.



If the baby is born earlier than the fourteenth week before the EWC, and if the baby had not been born early the employee would have been employed continuously for 26 weeks, the employee will be deemed to have met the length of service requirement.

**“To qualify for paternity leave, an employee should notify their manager that they are to be the parent of a new baby, no later than the end of the fifteenth week before the EWC – or as soon as is reasonably possible”**

#### **Bank employees**

Bank employees are entitled to take Ordinary Paternity Leave (OPL), however, they will not be entitled to Occupational Paternity Pay (OPP), but may be eligible for Statutory Paternity Pay (SPP). Their average weekly earnings must not be less than the Lower Earnings Limit for National Insurance contributions in the eight week period prior to the fifteenth week before the baby is due (or the eight-week period prior to the week they are notified of the match in the case of adoption). Bank employees will not be entitled to take Additional Paternity Leave (APL).

#### **Fixed-term contracts**

If an employee's contract ends before the birth, the employee does not qualify for paternity leave unless they go on to work for another NHS employer. If their contract ends after the birth, they retain their right to paternity leave. In such cases the Payroll Department will advise.

#### **Rotational contracts**

If an employee works on a planned rotational contract with one or more NHS employers as part of an agreed training programme, they will retain the right to return to work in the same post or next planned post, and their contract will be extended to enable them to complete the remainder of the agreed programme. This agreement is irrespective of whether the contract would have otherwise ended. In respect of medical staff, YDH will take advice from the Deanery regarding training requirements and plans.

#### **4.2 Procedure for requesting paternity leave**

To qualify for paternity leave, an employee should notify their manager that they are to be the parent of a new baby, no later than the end of the fifteenth week before the EWC – or as soon as is reasonably possible.

They should inform their manager of:

- the expected date of the baby's birth
- whether they wish to take one week or two weeks' leave
- when they want their paternity leave to start.

An employee adopting a child should notify their manager as soon as reasonably possible but for:

- leave – no later than seven days of their co-adopter or partner being matched with a child and
- pay – 28 days before they want their pay to start.

For overseas adoptions, the form and notice period is different and advice will be provided by the HR Department.

Employees should then meet with their manager to complete an Application for Paternity Leave form, which can be found on the HR Policies Forms section on YCloud (the YDH staff intranet site). This should be sent Human Resources as soon as possible to ensure correct payment.

The manager or employee must complete an electronic changes form (accessible via YCloud) and send a copy of the MATB1 with their application form to HR.

It is recognised that the dates agreed may need to be changed nearer the time to coincide with the exact date of birth and discharge home. Employees who do not qualify for paternity leave are entitled to ask for unpaid leave or to take annual leave.

#### **4.3 Duration and timing of paternity leave**

An employee cannot start their paternity leave until the birth of the baby or date of adoption. Employees can choose to take one or two whole weeks only. Odd days or non-consecutive days or weeks cannot be taken.

Paternity leave must be completed before the fifty-sixth day after the baby is born or child is adopted and can start on any day of the week.



“Partners of a pregnant employee are entitled to take unpaid time off work for antenatal appointments. ‘Partner’ includes spouse or civil partner and a person (regardless of sex) in a long-term relationship with them”

An employee can choose to start their leave:

- on the actual date of the baby's birth (whether earlier or later than expected)
- on a date (which the employee has notified in advance) falling a specified number of days after the actual birth date (whether earlier or later than expected).

#### 4.4 Still Birth

In the sad event that an employee's partner gives birth to a stillborn baby after 24 weeks of pregnancy, they will be entitled to full paternity leave and pay. Similarly, if the baby is born alive but then dies, the employee will be entitled to paternity leave and appropriate pay.

#### 4.5 Attending antenatal appointments

Partners of a pregnant employee are entitled to take unpaid time off work to accompany her to antenatal appointments. “Partner” includes the spouse or civil partner of the pregnant woman and a person (regardless of sex) in a long-term relationship with them. It also extends to those who will become parents through a surrogacy arrangement if they expect to satisfy the conditions for and intend to apply for a parental order for the child born through that arrangement.

YDH will not require any evidence of the antenatal appointments, such as an appointment card. However, the employee will be asked to complete the Request to Take Unpaid Time to Attend Antenatal Appointments form, which can be found on the HR Policies Forms section on YCloud.

In some cases, employees may choose instead to take annual leave or to arrange their working pattern to enable attendance at antenatal appointments outside of their scheduled work time.

## 5 Pay during paternity leave

Employees who have been employed for 52 weeks at the EWC are entitled to OPP. In such cases, OPP will be paid at the employee's basic wage (not including supplements or enhancements) for the weeks taken.

Employees who have not been employed for 52 weeks at the week the baby is due (EWC) but have been employed for 26 weeks at the fifteenth week before the EWC will be paid SPP, at current statutory paternity pay rates (details can be found at the HMRC website). Tax, National Insurance contributions and pension contributions will be payable as normal in all cases.

## 6 Your terms and conditions

### Contractual rights

During the period of paternity leave, all contractual rights are retained

### 6.1 The right to return to work

At the end of the paternity leave period all substantive employees have an automatic right to return to work in a comparable job to the one they were doing.

### 6.2 Organisational change

In the event of organisational change, employees on paternity leave will be managed in the same way as all other employees for the purposes of consultation and communication. They will receive written documents, letters and notifications and will be invited to attend YDH to attend formal meetings where appropriate. All organisational change will be managed in line with YDH Organisational Change Policy (see page 80).

### 6.3 Vacancies

Employees on paternity leave will be advised of vacancies and opportunities for promotion that are advertised through expression of interest or internal advertisements in addition to any posts advertised externally. Employees will not be treated any differently in the selection for such opportunities.





# Pay protection

## 1 What this policy covers

This policy outlines pay protection arrangements for staff adversely affected by an organisational change initiated by YDH. It should be read in conjunction with YDH's Organisational Change Policy (see page 90).

This policy doesn't apply where pay is affected as a result of changes:

- requested by the individual(s) or their representative(s)
- made by mutual agreement between an individual and their manager
- as a result of either employee competence concerns or disciplinary action
- as a result of redeployment because of ill health, where the reason has been recognised as work-related under the provisions of Agenda for Change
- that are part of a negotiated settlement (eg the introduction of a new job-evaluation system).

In the exceptional circumstances that consideration be given to pay protection in respect of any of the above excluded circumstances, this must be discussed with the manager, the HR Department, the employee and their representative.

Staff currently receiving time-limited protection under previous protection arrangements will be unaffected by this agreement and will continue to receive protection under arrangements in force at that time.

This policy is not applicable to all staff on temporary or fixed-term contracts with less than 12 months' continuous service.

“Basic salary is the pensionable salary earned by the employee performing their contracted hours, calculated over 12 months and based on current rates”

## 2 Definitions

### Basic pay protection

Applies to any employee who, as a consequence of organisational change, is required by management to move to a new post and who, as a result, is faced with reduced basic salary.

### Other pay protection

Applies to any employee who is required by management to change their existing working pattern while retaining the same number of total contracted hours and who, as a result, is faced with reduced contracted pay.

**Basic salary** is the pensionable salary earned by the employee performing their contracted hours, calculated over 12 months and based on current rates.

**Contracted pay** means earnings payable per annum to the employee in respect of their contracted hours, according to their terms and conditions of employment, including special duty payments and shift enhancements, but excluding non-contractual overtime, “acting up” and all other earnings.

**Period of protection** means the length of service during which pay will be protected.

**Redeployment date** means the date on which the employee starts employment in the new post under these arrangements. This might include a project post for a minimum of 12 months.

**Length of service** means the period of continuous employment with the NHS up to the date on which contractual notice is effective.

### 3 Principles

The protection arrangements in this policy aim to support the management of change by helping to obtain a balance between the need to:

- achieve the business plans and contractual obligations of YDH within available resources
- retain the skills, commitment and expertise of staff
- take account of the aspirations of staff, their wellbeing and domestic commitments
- treat staff fairly and reasonably.

In operating this policy, YDH requires staff to be adaptable, which may mean: taking on a new role; a variation in role or responsibilities; changing working team or location; changing hours of work; and, in some cases, having to re-train.

YDH will try to redeploy and re-train staff for new roles that match the level of skills and responsibilities used in their current post, although this may not always be possible. Throughout the process, staff will be supported with training and guidance to ensure they can contribute to service needs in the most effective way and to their full capacity.

Staff affected by organisational change who do not secure a post at their substantive band within the new structure are expected to actively consider posts at a lower band.

### 4 Responsibilities

- YDH is responsible for ensuring that managers are aware of their responsibilities under this policy.
- The Associate Director of HR and OD will oversee implementation of the policy within YDH and monitor compliance and effectiveness.
- Managers are responsible for following the principles and processes in this policy, while ensuring the appropriate paperwork is completed and that Payroll is notified of the employee's pay protection arrangements.

## 5 Policy in practice

### 5.1 Protection of basic pay

Basic pay protection applies to any employee who, as a consequence of organisational change, is required by management to move to a new post or to reduce their contracted working hours and who, as a result, is faced with reduced basic salary. Under the terms of this policy, eligible staff will continue to receive a protected basic salary for a period based on their length of service. The protected salary will be the employee's basic salary as at the start date of their redeployment into a new post.

Pay protection will normally only be offered for redeployment to a post limited to one band below the existing substantive post. All other terms and conditions of employment will be those applicable to the new post.

### Periods of protection

The period of pay protection is based on the length of continuous service as detailed below:

Length of service	Period of protection
Less than one year	Six months
More than one but less than two years	One year
More than two but less than three years	Two years
More than three years	Three years

During the period of protection, the protected basic salary will "mark time" (ie it will not be increased either by increments or pay awards). If the maximum basic salary applicable to the new post increases by pay awards to more than the protected amount, the employee's basic salary will be increased to the new maximum and the period of protection will end. Future increases will then apply as normal.

During the period of protection, all overtime and other salary-related enhancements will be based on the normal maximum for the new post.

Where a part-time employee is moved to a new post and downgraded, with their hours the same or fewer than before, basic pay protection entitlement is



assessed using actual hours worked in the new post, paid at the previous post's hourly rate. If the hours in the new post exceed hours worked previously, protection entitlement is based on:

- hours worked previously at the previous rate
- additional hours in the new post are paid at the new post's rate of pay.

Protected pay will continue during any period of paid maternity leave.

At the end of pay protection, the employee will be paid at the maximum point of the new band, unless that point is more than the salary they would have received had they not been redeployed. In this case, they will be paid on the salary they would have reached in their former post, with normal incremental progression thereafter.

### 5.2 Other protection (eg unsocial hours pay or reduction in working hours)

Under this policy, eligible staff will receive protected pay, as shown in the table above right, from the date of redeployment or date of change in shift pattern or required reduction in their contracted working hours. All other terms and conditions of employment will be those applicable to the post in the new working pattern.

The amount of protected pay will be the difference, on the date of redeployment or transfer date, between the contracted pay in the new post and that which would have been paid in the previous working pattern.

The calculated amount will:

- not be increased during the period of protection
- be non-pensionable and will not count towards overtime or any other salary-related payments in the new post.

**“Protected pay will continue during any period of paid maternity leave”**

#### **Length of service on working pattern\*      Period of protection**

Less than one year	One month
Less than three years	Six months
Three years or more	One year

\*This will include all continuous service within YDH on contracted working patterns with unsocial hours payments or the length of service since shift pay (“short term”) protection was last paid, whichever is the shorter.

The periods of protection that will apply are:

- Where contractual hours are reduced, short-term protection applies for periods set out in the table top right (ie staff will be paid for contractual hours of work that applied to the substantive contract held before reorganisation during this period of protection).
- Where appropriate, staff will be required to work the hours paid.

### 5.3 General conditions

Staff must not unreasonably refuse a suitable alternative job that subsequently becomes available.

Staff who are on fixed-term contracts and have more than 12 months' continuous service are only entitled to protection for the period of their fixed-term contract.

### NHS Pension Scheme

Under the provisions of the NHS Pension Scheme, staff may apply to preserve their pension benefits based on the previous level of pay where, through no fault of their own, they are downgraded. Employees who wish to consider this option must liaise with the Pension Scheme Manager at the earliest opportunity to discuss the process and timescales involved.

## 6 Right of appeal

If the matter is not resolved, the employee can appeal under the provisions set out in the YDH Grievance Policy (see page 56).



# Probation

## 1 What the policy covers

**This policy provides an overview of YDH's process for reviewing and supporting new employees during their initial months in post.**

During the probation period, if it becomes apparent that the individual is not suited to the position, this policy enables either party to end the contract of employment.

## 2 Principles

- YDH is committed to ensuring that all new employees understand the expected standards of performance, conduct and attendance, and that they are provided with timely and effective support to settle into their new job.
- This policy applies to all YDH employees commencing substantive or fixed-term employment except medical staff.
- During the probation period, the Discipline, Capability and Sickness Management policies will be followed. However, following one of these policies does not take precedence over the probation policy.
- This policy should be read in conjunction with YDH's Conduct and Standards Policy (see page 28).



## 3 Responsibilities

Managers have a responsibility to:

- ensure this policy is applied consistently and in a way that does not discriminate
- meet with the employee to discuss the job description and person specification and to identify key areas of the role to ensure the employee understands what is expected of them and what their performance will be measured against
- provide local induction training and support to achieve expected standards and document the role's key areas as a part of the induction process and ensure sign off when completed
- outline what support and guidance will be provided to help the new employee meet the expected standards
- take necessary supportive action at the earliest opportunity if required standards are not being met.

New employees should ensure that they:

- fully understand the standards of performance, conduct and attendance expected of them during their probation period and beyond
- discuss with their manager any concerns they may have in relation to meeting these standards
- are fully prepared for their performance review meetings.

**“YDH is committed to ensuring that all new employees understand the expected standards of performance, conduct and attendance, and that they are provided with timely and effective support to settle into their new job”**



## 4 Policy in practice

### 4.1 Probation period

New employees joining YDH will be required to complete a six-month probation period. The probation period for new employees on a fixed-term contract of less than six months will be the length of the contract.

### 4.2 Performance review meeting

Any concerns regarding performance should be raised with the member of staff at the earliest opportunity. The manager will undertake a three-month performance review meeting.

Following the probation period, a performance review meeting will take place in accordance with the following principles:

- all probation performance review meetings will be scheduled in advance and their outcome will be confirmed in writing to the employee using the Probation Performance Review form (available on the HR Forms section of YCloud).
- the timing of meetings may be bought forward and/or additional review meeting(s) during the probation period may be required as determined by the manager
- the meetings will be a two-way confidential discussion, to identify where there are areas of both positive performance and any areas of concern
- managers should provide all possible support to their new team members to give them a fair opportunity to become fully integrated and productive employee.

If the employee's performance is satisfactory, the manager will inform the employee that they will continue with their probationary period or continue with their employment for the period specified in their employment contract (at the six-month review meeting).

If the employee's performance has not met the standards required, the manager will seek advice from the HR department prior to the meeting.

Where there are minor areas of concern, the manager will identify if additional support can be given to address the concerns, so that the employee can continue with their employment contract.

Should the performance fall significantly short of the standard expected, and where all reasonable support has been provided, the manager may consider ending employment at this stage. If so, there will be a further meeting to confirm this.

The employee will be informed in writing in advance of the meeting and an HR Department representative will also attend. YDH reserves the right to hold this meeting without notice in exceptional circumstances.

The employee will receive written confirmation of the decision of the performance review meeting within seven calendar days.

The employee will receive one week's pay in lieu of notice where they have less than two years' service, unless they are being dismissed for gross misconduct, for which there is no payment in lieu of notice.

If an employee passes their six-month probation period, they will receive confirmation in writing from their line manager, with a copy given to HR.

### 4.3 Probation extension

An extension to an employee's probation period should only be sought in exceptional circumstances and reasons for this must be recorded on the Probation Performance Review form.

The manager should consult with the HR Department prior to any decision to extend an employee's probation period.

Any extension of a probation period should normally be for no more than three months and only one extension will be granted. The extension will be confirmed in a letter to the employee and a copy placed on the employee's personal file.

### 4.4 Employees recruited to a new role

If an employee transfers to a different post at YDH during their probation period, the length of the original probation period will continue and the responsibility to complete the assessment of the employee will transfer to the new manager.



# Professional registration

## 1 What this policy covers

**This policy aims to ensure that professional registration of all staff in posts subject to registration with a professional body is kept up to date.**

## 2 Principles

**2.1** The policy applies to all YDH staff, whether employed on a permanent or temporary basis or contracted in, working in posts that require mandatory professional registration/licence. Providers of workers such as locums, agency and in-sourced staff must ensure compliance with this policy.

**2.2** Employees required to hold professional registration are detailed on page 102.

## 3 Responsibilities

**3.1** All staff employed in posts subject to registration with a professional body must ensure that their registration is kept up to date and that they comply fully with their professional codes of conduct and practice. Professional staff must inform their appropriate professional registration body of any personal circumstance change (eg change of name or address).

**3.2** The manager is responsible for undertaking an annual check of the registration status of all professionals within their line of accountability, which may take place during appraisals.

**3.3** The registered practitioner is responsible for informing their professional body and employer of any police or criminal investigations or offences relating to them.

**3.4** Where contractors and agency/bank workers are employed through temporary staffing, the temporary staffing manager is responsible for checking to ensure that the practitioner is professionally registered to practice.

**3.5** If a practitioner fails to conform to registration obligations set by their professional registration body and/or within their contract of employment, their authority to practice in the role may cease. Therefore, practitioners must ensure that their registration s maintained and the details they include are accurate.

## 4 Policy in practice

**4.1** New employees must provide evidence of their professional registration and qualifications prior to starting work at YDH. Copies of such evidence will be kept on their personal file.

**4.2** Any staff not directly employed (and therefore not on the YDH payroll system), must have their professional registration checked by the line manager and a record must be kept for all professionals who will be working within the organisation and/or have access to patients. This includes professionals who are independent contractors, on placement, work experience or who have an honorary contract.

**“All staff employed in posts subject to registration with a professional body must ensure that their registration is kept up to date and that they comply fully with their professional codes of conduct and practice”**



## 5 Monitoring of professional registration

**5.1** YDH will hold professional registration details for staff on its Electronic Staff Record (ESR). The HR Department will identify lapses of registration and notify the individual and their manager by email.

**5.2** HR will send a reminder to staff who have not updated their registration by mid month prior to their registration lapsing. During the third week of the month, if their status hasn't changed, they will receive a second reminder, with their manager copied in to the email.

If registration is still not updated on the first of the month, a third email will be sent to the manager, with the staff member copied, informing them of the lapse in registration. The manager will also be contacted by phone and if nothing changes, the Head of Resourcing and Associate Director of Nursing or Medical Director will be told immediately.

At this point, section 6 (see below) is implemented and the professional must immediately cease all work aligned to their professional registration.

**5.3** The NMC and GMC provide daily alerts to HR when a practitioner's registration is in the month leading up to lapses. This will only cover practitioners who are entered onto the YDH ESR system.

**5.4** For checks of other professionals' registration status, the HR team carries out monthly checks of the following registration bodies:

- HCPC
- GDC
- GPhC

**5.5** Any conditions or undertakings notified to YDH regarding a person's professional registration will result in investigation under YDH's Disciplinary Policy.

## 6 Procedure on identification of a lapse of registration

**6.1** If a practitioner fails to register or a registration body removes their permission to practice, they will

be in breach of their contract of employment and should cease practice immediately.

**6.2** HR will ensure that the following options are considered by the relevant manager:

- the employee may be able to undertake duties allowed for a non-registrant and receive the appropriate pay
- the employee may be allowed to work in another temporary role for which they have the required skills and do not require a valid registration. They will receive the pay rate associated with that temporary position
- the employee may be allowed to take outstanding annual leave until the registration is renewed
- the employee may be suspended without pay until the registration is renewed.

**6.3** Under no circumstances can an employee be allowed to practice without registration. It is for the relevant manager to determine which of the above options is appropriate, taking into account all of the circumstances and service needs. Managers should seek advice from HR.

**6.4** The manager will advise the employee that they must act immediately to have their professional registration reinstated. The manager will require evidence that the employee has made the relevant application and payment to the professional body within three working days of being made aware of the lapse. Normally a maximum of four weeks will be allowed for the employee to have their registration reinstated. In the case of the NMC, it's six weeks.

**6.5** Deliberate or unreasonable failure by the employee to comply with these time scales may result in action being taken under the YDH Disciplinary Policy.

**6.6** Failure to maintain professional registration could have potentially serious implications for the staff member and YDH. In all cases of lapsed registration, the issue may be investigated in accordance with the YDH Disciplinary Policy (see page 32)

## Appendix 1: Staff groups covered by professional registration

### Nursing, midwifery and health visitors

All qualified nursing and midwifery staff must be registered with the Nursing & Midwifery Council ([www.nmc-uk.org](http://www.nmc-uk.org)) and this is renewable every three years. An annual retention fee is payable to the NMC to maintain professional registration.

### Medical staff

All medical staff must be registered with the GMC and hold a Licence to Practice. The professional registration of medical staff can be checked at:

📄 [www.gmc-uk.org](http://www.gmc-uk.org)

### Allied health professionals and scientists

The Health and Care Professions Council

📄 [www.hcpc-uk.co.uk](http://www.hcpc-uk.co.uk)

Is responsible for the regulating the professionals below:

- arts therapists
- biomedical scientists
- chiropodists/podiatrists
- clinical scientists
- dieticians
- hearing aid dispensers
- occupational therapist
- operating department practitioners
- orthoptists
- paramedics
- physiotherapists
- practitioner psychologists
- prosthetists and orthotists
- radiographers
- social workers in England
- speech and language therapists

### Registration is renewable every two years.

All the staff groups below left, together with all registered nursing staff, must complete post-registration training and learning activities and should have the evidence of practice required by their professional body.

Dentist and dental nurses

📄 [www.gdc-uk.org](http://www.gdc-uk.org)

Pharmacists

📄 [www.pharmacyregulation.org](http://www.pharmacyregulation.org)

Pharmacists and associated support roles are regulated through the General Pharmaceutical Council, including pharmacists and pharmacy technicians.





# Raising concerns

## 1 What this policy covers

**This policy is intended to provide all staff, whether currently or previously employed by YDH, with the means to effectively and safely raise concerns (also called “whistleblowing”) regarding:**

- delivery of care
- health and safety of staff or visitors
- impairment of YDH's viability or integrity.

Such concerns may relate to malpractice, including fraud, abuse in care, substantial poor performance or outcomes, danger to public safety or damage to the environment.

This policy has been written to ensure you have the confidence to raise matters of concern, initially through the internal procedure or with one of the external independent bodies referred to in this policy. This policy also gives a clear process for providing feedback to anyone raising a concern and the rights they have under this policy, in line with the Public Interest Disclosure Act 1998.

This policy applies to all YDH staff, whether on a permanent, temporary or bank contract, as well as agency workers or volunteers, and anyone who may previously have been employed by YDH.

This policy should be read in conjunction with the Care Quality Commission's whistleblowing guidance at:  
 [www.cqc.org.uk](http://www.cqc.org.uk)

**“This policy has been written to ensure you have the confidence to raise matters of concern, initially through the internal procedure or with one of the external independent bodies”**

## Freedom to Speak Up

You may also have heard of Freedom to Speak Up, which was an independent review into creating an open and honest reporting culture in the NHS, chaired by Sir Robert Francis QC.

It provided independent advice and recommendations to ensure that:

- NHS workers can raise concerns in the public interest with confidence that they will not suffer detriment as a result
- appropriate action is taken when NHS workers raise concerns
- where NHS whistleblowers are mistreated, those mistreating them will be held to account.

We're committed to endorsing these values and it further supports Chief Nursing Officer Jane Cummings' comments on the report: "Nurses, midwives and other care staff are very well placed to know when the quality of services and patient care need to improve.

“The Freedom to Speak Up report calls for better support for those who raise legitimate concerns. The report also calls for changes to be made system-wide to help foster a healthy, open, no-blame culture where staff feel empowered to speak up, know that they will be listened to, and issues raised are acted on. The report prompts the need for urgent action based on learning and reflection to embed a culture of openness and transparency.”

YDH advocates the Freedom to Speak Up agenda and the national policy can be found at:

 [https://improvement.nhs.uk/uploads/documents/whistleblowing\\_policy\\_final.pdf](https://improvement.nhs.uk/uploads/documents/whistleblowing_policy_final.pdf)



“YDH will always seek to learn from any concerns raised, consider ways to develop positive solutions and offer training and development where possible”

## 2 Principles

- YDH is committed to the Public Interest Disclosure Act 1998 (PIDA), which ensures protection for those who raise a concern – provided it is in the public interest (as opposed to being interesting to the public).
  - YDH believes in a culture of openness, where staff can freely express their concerns without fear of reprisal, and encourages raising any concerns early, rather than waiting for confirmation of a suspicion. Raising a concern early can prevent minor issues becoming more serious. The focus of this approach is to protect the public from harm and improve standards of care.
  - The YDH Board will support any staff member who raises a matter in good faith under this policy’s provisions and managers at all levels will ensure that issues raised are treated appropriately.
  - YDH will carry out a thorough investigation into any concerns raised and take appropriate action. This may require YDH to pass these concerns on to an external organisation for further examination, such as the Care Quality Commission, Monitor or recognised professional bodies.
- The YDH Board, senior management and trade unions are committed to this policy. Having an open reporting culture is key to delivering safe and compassionate care. For it to be effective, the raising of concerns should be embraced as a normal part of employment practice, where workers feel confident and safe to speak up without any fear of repercussion or reprisal. If staff raise a genuine concern under this policy, they will not risk losing their job nor suffer any form of retribution. No record will be kept on their personal file. Provided they are acting in good faith, it does not matter if they are mistaken. This assurance does not extend to someone who maliciously raises a matter they know to be untrue.
  - YDH will always seek to learn from any concerns raised, consider ways to develop positive solutions and offer training and development where possible.

## 3 Responsibilities

- The Chief Executive and YDH Board will ensure that any concerns raised under this policy will be treated fairly and they will monitor this procedure and concerns raised.
- Managers and committees with whom concerns are raised will ensure that they are dealt with in accordance with this policy. This may require notifying appropriate professional bodies.
- Clinical Governance is responsible for ensuring any concerns raised with them are dealt with correctly, that there are internal mechanisms for monitoring concerns and making improvements as a consequence and that staff raising concerns are informed in writing of any actions taken as a result.
- Clinical Governance is responsible for maintaining the Whistleblowing Register and informing the Board.
- Clinical Governance and Human Resources will ensure that individuals raising concerns are appropriately supported.
- All staff are responsible for reporting any genuine concern they have at the earliest opportunity.
- Professionally registered staff have a duty under their code of conduct to protect patients and report malpractice.



## 4 Policy in practice

### 4.1 Confidentiality

YDH will ensure you will not be at risk of losing your job or suffer any form of detriment or retribution as a result of raising a genuine concern. This also applies to those who are not directly employed by YDH.

A key principle of the policy is that anyone raising a concern will be supported through the process. If you require further information about the support available contact the HR Department or your trade union rep.

With these assurances, we hope you will raise concerns openly. However, we recognise that there may be circumstances when you may prefer to speak to someone in confidence. If so, you should make this explicit at the outset. If you ask for your identity not to be disclosed, YDH will not do so without your consent, unless required by law.

**“You can speak to your trade union representative at any time. They will be able to assist you at the initial stage, and later if it is necessary to report the issue at a more senior level”**

It is important for you to understand that there may be times when YDH is unable to resolve a concern without revealing your identity, for example, where your personal evidence is essential. In such cases, a discussion will take place with you about how the matter can best be taken forward.

### 4.2 How to raise a concern

You can raise a concern internally through numerous YDH fora or with the organisations listed on pages 107 and 108. If you are unsure about raising a concern, you can obtain independent advice at any stage from your trade union or other external organisations.

Please remember that you do not need to have firm evidence before raising a concern. However, we do ask that you explain as fully as you can the information or circumstances that caused your concern.



From leading by example, raising awareness and handling concerns effectively, managers and leaders play an important role. Matrons and managers will typically be the people that staff come to when they have concerns, therefore, they are ideally placed to cascade information and champion a positive culture. Managers can do a great deal to help reduce some of the anxiety that staff face when raising a concern. All managers will be aware of the reporting routes that exist at YDH.

Concerns will vary both in nature and severity and it is important that staff know the available reporting channels and have confidence that their concerns will be addressed effectively. In some instances, managers will be able to quickly put the matter right informally. In others, they may need to investigate, and for serious or repeated issues, refer these appropriately.

### 4.3 Stages

#### Step one

If you have a concern about an issue or any perceived malpractice, this can be raised internally with your immediate manager or other manager within your area of work, either verbally or in writing.

You can also speak to your trade union representative at any time during the process. They will be able to assist you at the initial stage, and later if it is necessary to report the issue at a more senior level. For the purpose of monitoring incidents raised under this policy, the person to whom you initially report your concern will need to make a confidential note of the discussion and action taken. Protection of your identity can be maintained in this note if you wish.

“Once you’ve raised your concern we will assess it initially to consider what action should be taken. This may involve an internal investigation or a more formal enquiry”

#### Step two

If for any reason you feel unable to raise the matter with your manager or another manager in your area of work, the issue may be raised directly, either verbally or in writing, with any of the other internal contacts listed on pages 115 and 116. You will need to say if you want to raise the matter in confidence, so that appropriate arrangements can be put in place. The person you contact will advise you of what action is being taken and will prepare a confidential note.

#### Step three

If these channels have been followed and you still have concerns or feel that the matter is so serious that you cannot discuss it with any of the above, please contact either the Chief Executive or Chairman.

#### Step four

Concerns should normally be raised initially within YDH, however, if you feel unable to discuss the matter with anyone directly connected with YDH, if appropriate, you may raise the matter with an external organisation. Pages 115 and 116 provide details of key organisations you may wish to contact and the guidance they offer.

The media should not be considered an appropriate avenue through which to raise concerns. Reporting concerns to the press may prejudice YDH’s ability to conduct a full investigation of the matter and may constitute a breach of your employment contract

## 5 How we will act

Once you’ve raised your concern we will assess it initially to consider what action should be taken. This may involve an internal investigation or a more formal enquiry. You may be asked how you think the matter might be resolved. If you have any personal interest in the matter please tell us at the outset and we will advise you if your concern should be handled under the YDH Grievance Policy (see page 56).

We will tell you who is handling the matter, how you can contact them, what further assistance may be needed and indicate the timescale involved. We will agree what information, including the nature of your concern, will be summarised in writing to you at this stage.

While the purpose of this policy is to enable us to investigate concerns raised and to take appropriate steps to deal with them, we will give you as much feedback as we are permitted to. If requested and we are able, we will let you know the outcome of the investigation in writing. Please note that we may not be able to tell you the exact action taken, because this could infringe a duty of confidence owed by us to someone else.

If you feel that you may require further personal support, you should discuss this with your manager or HR so that suitable provisions can be put in place. An example might be a referral to Occupational Health.

## 6 Learning from concerns

Concerns and complaints provide valuable feedback and they can help to identify areas of risk or where change and improvement is required. Following each investigation under this policy, any actions identified will be included in an action plan. Actions will be monitored regularly by the appropriate service area to ensure compliance with any change or improvement.

## 7 Additional guidance

The Francis Report: Mid Staffordshire NHS Foundation Trust Public Enquiry:

 [www.midstaffpublicinquiry.com](http://www.midstaffpublicinquiry.com)

The Care Quality Commission for guidance for professional staff on whistleblowing:

 [www.cqc.org.uk](http://www.cqc.org.uk)

The NHS Employers website to find out about the Freedom to Speak Up Charter:

 [www.nhsemployers.org](http://www.nhsemployers.org)



## External contacts

### Care Quality Commission

**Issues:** matters relating to health or social care services.

**Care Quality Commission**  
**Citygate, Gallowgate**  
**Newcastle upon Tyne NE1 4PA**  
 Tel: **03000 616161**  
 Email: **enquiries@cqc.org.uk**

You can also use the Share Your Experience Form at:

 [www.cqc.org.uk/content/report-concern-if-you-are-member-staff](http://www.cqc.org.uk/content/report-concern-if-you-are-member-staff)

If you mark the concerns as urgent, your feedback will be prioritised.

### Controller and Auditor General of the National Audit Office

**Issues:** the proper conduct of public business, value for money, fraud and corruption in relation to the provision of centrally funded public services.

**The Controller and Auditor General**  
**National Audit Office**  
**157-197 Buckingham Palace Road**  
**Victoria**  
**London SW1W 9SP**  
 Tel: **0207 7987000**  
 Fax: **0207 7987070**

### Financial Services Authority

**Issues:** the conduct of investment business or of insurance business. The operation of banks, deposit-taking businesses and wholesale money market regimes. The functioning of financial markets, investment exchanges and clearing houses. The functioning of other financial regulators. Money laundering, financial crime and other serious financial misconduct, in connection with activities regulated by the Financial Services Authority.

**Head of Financial Supervision**  
**Financial Services Authority**  
**25 The North Colonnade**  
**Canary Wharf**  
**London E14 5HS**  
 Tel: **0207 0661000**  
 Fax: **0207 0661099**  
 Email: **consumerhelp@fsa.gov.uk**

### HM Revenue & Customs

**Issues:** income tax, corporation tax, capital gains tax, petroleum revenue tax, inheritance tax, stamp duties, National Insurance contributions, Statutory Maternity Pay and Statutory Sick Pay.

**HM Revenue & Customs**  
**Freeport NAT22785**  
**Cardiff CF14 5GX**

### Health and Safety Executive

**Issues:** those which may affect the health or safety of any individual at work; matters which may affect the health and safety of any member of the public arising out of, or in connection with, the activities of persons at work.

**Health and Safety Executive**  
**Edgar Allen House**  
**241 Glossop Road**  
**Sheffield S10 2GW**  
 Tel: **0845 345 0055 (HSE infoline)**  
 Fax: **0114 2912379**



**Information Commissioner's Office**

**Issues:** compliance with data protection legislation (which regulates the processing of information relating to individuals, including the obtaining, holding, use or disclosure of such information).

**Information Commissioner's Office**

**Wycliffe House**  
**Water Lane**  
**Wilmslow**  
**Cheshire SK9 5AF**  
 Tel: **01625 545700**  
 Fax: **01625 524510**

**Local authorities**

**Issues:** those which may affect the health or safety of any individual at work or the health and safety of any member of the public arising out of the activities of people at work.

Contact the appropriate local authority

**Public Concern at Work**

**Issues:** concerns about possible wrongdoing or malpractice in the workplace.

**Whistleblowing Advice Line**

**3rd Floor, Bank Chambers**  
**6-10 Borough High Street**  
**London SE1 9QQ**

Advice Line Tel: **020 7404 6609**

Email: **whistle@pcaw.org.uk**

**The Occupational Pensions Regulatory Authority**

**Issues:** occupational pension schemes and other private pension arrangements.

**The Occupational Pensions Regulatory Authority**

**Invicta House**  
**Trafalgar Place**  
**Brighton BN1 4DW**

Tel: **0870 606 3636**

Fax: **0870 241 1144**

Email: **helpdesk@opra.gov.uk**





# Recruitment and selection

## 1 What this policy covers

This policy aims to provide clear guidance on YDH's recruitment process and standards. It will explain the roles and responsibilities involved in the recruitment of employees and outline the key stages of the process.

## 2 Principles

YDH is committed to providing a transparent, professional, credible and equitable service for handling all internal and external applications for job vacancies by:

- complying with YDH's Equality and Inclusion and iCARE principles
- providing an administrative service that improves the efficiency of filling vacant posts
- ensuring that appropriate qualification requirements and UK registration requirements are met for appointments to all professional posts
- ensuring that NHS employment standards are met
- ensuring essential appointment documentation such as contracts of employment are issued to employees in a timely manner.

## 3 Responsibilities

- YDH will ensure that recruitment is open and fair.
- The recruitment team will support managers to find the best candidates and will ensure that the recruitment and selection of staff is conducted in a professional, timely and responsive manner, in compliance with current employment legislation.
- Managers will ensure they follow the recruitment process and will provide all the necessary information promptly to support an effective process.



- Managers will ensure recruiting decisions are taken fairly based on applicants' values, skills and capabilities.
- If a member of staff involved in the recruitment process has a close personal or family relationship with an applicant, they must declare this as soon as they are aware of the individual's application and avoid any involvement in the recruitment and selection decision-making process.

## 4 Policy in practice

There are a number of key stages in recruitment for a post that are outlined below. Further advice and guidance is available on the recruitment pages of YCloud, the YDH staff intranet site, as well as from the recruitment team.

### 4.1 Preparation

- The recruitment process should not begin until an assessment of the need for the post against the department's business plan and budget has been completed.



- A job description and person specification must be produced or updated for any vacant post that is to be filled and it should accurately reflect the requirements of the post.
- The person specification should state both the essential and desirable criteria in terms of skills, knowledge and experience for the post, all of which should be directly related to the post and applied equally to all applicants. Care should be taken when writing the person specification to ensure that criteria used do not indirectly discriminate against certain groups of applicants.
- The job descriptions for new or changed posts must be submitted for job matching before they are advertised, in line with the principles of equal pay for work of equal value.
- In exceptional circumstances jobs may be given an indicative banding before being advertised.
- Formal authorisation to recruit to a post should be sought using the Authority to Recruit.
- If a manager believes that there may be potential difficulties in recruiting to a post they should contact the recruitment team to discuss options for appropriate action, including whether the post will attract relocation expenses (please see the YDH Relocation Policy on page 120).
- Appointments may be made on a permanent, fixed-term or bank basis. Where fixed-term appointments are made, the recruiting manager should ensure that they are aware of any potential risks regarding the use of fixed-term contracts and seek advice from the recruitment team as necessary.
- Employees subject to redeployment (see the YDH Organisational Change Policy page 90) will be given access to vacancies before they are advertised more generally internally or externally.
- If the successful candidate could be from outside the EU and likely to require a Tier 2 certificate of sponsorship to apply for permission to work in the UK, the post must be advertised in line with UKBA requirements.
- In exceptional circumstances it may be necessary to use a recruitment agency. This should be discussed and agreed with the Recruitment Manager. This will, however, not eliminate the need to advertise the position internally, and any external agencies or consultants who assist in the process must act in accordance with this policy and with respect to our equal opportunities requirements.
- Employees who have been in an acting position will need to apply for the position when it is advertised as a substantive post.
- Applicants are asked to provide equal opportunities information when making their application to enable monitoring the success of recruitment in relation to our diversity aims. This information is separate to the job application and applicants are free to indicate that they do not want to provide this information.
- YDH has a legal obligation to comply fully with the provisions of the Rehabilitation of Offenders Act.
- All advertising must be cost-effective and agreed in advance with the Recruitment Manager.

#### 4.2 Advertising

- All adverts must be authorised by and placed through the recruitment team.
- As a minimum, all posts will be advertised internally on CONECTweekly. This will help maximise equality of opportunity and provide employees with opportunities for career development.
- CONECTweekly will be sent each week to all staff on leave associated with child care (eg maternity, parental, paternity, adoption or shared parental leave) to meet the statutory requirement for them to be informed of vacancies during their leave.
- All advertised vacancies will be placed on the NHS Jobs website (internal and external vacancies) and our public website (external only). Other media may be used.

**“Applicants are asked to provide equal opportunities information when making their application to enable monitoring the success of recruitment in relation to our diversity aims”**

#### 4.3 Shortlisting candidates

- The ED&I lead will participate in shortlisting to advise and support where required.
- Notes of shortlisting decisions for each candidate should be recorded by each shortlisting panel member on the NHS Jobs website, or on a shortlisting decision form. If a form is used, return it to the recruitment team once the shortlisted candidates for interview have been selected.

- Shortlisted candidates should be provided with details of the selection process, including any tests, in writing, giving as much prior notice as possible and a minimum of five working days before the interview. In accordance with the Equality Act 2010, they should also be asked to advise if there are any particular arrangements or reasonable adjustments that could be made so that they can participate fully in the selection process.

#### 4.4 Interview

- All candidates in the redeployment pool who meet the essential criteria for the post (as set out in the person specification) will be offered an interview.
- Interviews should be carried out by at least two people, one of whom should be the Line Manager.
- The ED&I lead will sit on interview panels to support decision-making where required.
- It is recommended that a range of selection methods suitable for assessing the essential and desirable criteria in the person specification are used to enhance objective decision-making, which is difficult through interview alone.
- Interview questions and the structure of the interview should be consistently applied to all candidates and based on the person specification.
- Notes recording the key points of the interview should be taken by the interview panel so that they can refer back to them when assessing candidates against the person specification and when making decisions. Notes of the interview and any other notes made about the candidate during the recruitment and selection process may be accessed by the candidate, and should be passed back to the recruitment team following the selection process. They will be retained for a minimum of six months following the selection process.
- If a candidate requests feedback about their performance in the selection process this should be arranged by the Recruitment Manager, although they may delegate this to another member of the panel where appropriate.
- Unsuccessful candidates should be dealt with courteously and sensitively and will, as a minimum, receive telephone or written notification of the outcome of the selection process.
- If more than one candidate is suitable for appointment, but one or more of the candidates requires the hospital to sponsor them under the Tier 2 skilled worker category to obtain the right to work in the UK, in accordance with immigration rules, the panel should give preference to candidates who hold a continuing right to work in the UK.

#### 4.5 Making the appointment

- A verbal offer should be made shortly after the selection process to enhance YDH's ability to recruit the selected candidate. The verbal offer will normally be made by the selection panel Chair.
- Appointments will usually be made at the minimum of the advertised pay scale unless the individual is transferring from another NHS employer onto the same band. In such cases they will normally be paid on the same pay point. If the individual is being promoted, they will normally be paid on the nearest point that would give them one incremental pay rise.
- Prior to any commitment being made to the selected candidate, advice should be sought from the recruitment team if the intention is to appoint at a pay point outside of these parameters.
- Once a selection decision has been made, the recruitment team will send a written offer of employment following receipt of documentation from the recruiting manager, in line with agreed service standards.

#### 4.6 Pre-employment checks

Offers of employment are made subject to satisfactory references, medical clearance, checks of qualifications, right to work checks and other checks as appropriate, such as asylum and immigration checks, Disclosure and Barring Service checks (for posts that are exempted from the provisions of the Rehabilitation of Offenders Act). Fit and Proper Persons checks will also be conducted for Director-level appointments. The successful candidate will not be able to commence work until all checks have been completed.

**“Unsuccessful candidates should be dealt with courteously and sensitively and will, as a minimum, receive telephone or written notification of the outcome of the selection process”**



# Relocation

## 1 What this policy covers

**This policy covers financial assistance available to staff appointed to key posts who need to relocate. It explains how to apply for expenses to pay relocation costs and details current rates.**

It applies to Agenda for Change staff who meet the qualifying circumstances below. Medical and dental staff group have a separate policy (please refer to medical recruitment for details). Junior doctors in training may be able to claim a relocation allowance through the Deanery's Relocation Policy.

## 2 Principles

- Reimbursements of costs will apply equally to staff who purchase (Option 1) or rent (Option 2) property.
- Due regard will be given to individual circumstances (including the need to relocate dependents) and comparability of new and previous accommodation.
- Under normal circumstances, reimbursements of expenses under this policy will be allowed up to a maximum period of two years from the date of appointment.
- All paperwork will be kept to ensure accurate records are maintained. The recruitment team will ensure that this happens.

## 3 Qualifying circumstances

- YDH will reimburse relocation expenses incurred by staff who need to move home as a result of taking up employment at YDH. Relocation expenses will be reimbursed subject to staff moving to a permanent home within a 20-mile radius of their new work base.
- Internal applicants are not eligible. However, if an existing staff member accepts a new job at YDH as an alternative to redundancy, and where home



**“Due regard will be given to individual circumstances, including the need to relocate dependants, and comparability of new and previous accommodation”**

location is specified to meet the responsibilities of the new job (eg being on call), they will be entitled to relocation assistance under this policy.

- These arrangements will only apply to Band 7 or equivalent appointments and above. However, in exceptional circumstances and following discussion between the manager and HR, some assistance may be granted to overcome particular recruitment difficulties.
- If the employment contract is less than full time (ie 37.5 hours per week), payments will be on a pro-rata basis.

### Applying for relocation expenses

- Where reimbursal of relocation expenses is agreed in accordance with this policy, staff should complete the Claim for Relocation Expenses form, which is available on YCloud.

**Repayment of expenses incurred**

- YDH will require employees to repay all or part of the reimbursed costs of the relocation should they leave within two years of the appointment that gave rise to the expenses.
- In exceptional unforeseen circumstances, YDH may waive this requirement (eg early termination of employment contract by the employee as a result of extreme personal circumstances).
- When you apply for payments under this policy, you will be asked to complete an Undertaking to Repay form (available on YCloud), which will be held on your HR file.

**Relocation Package Option 1: Purchasing a property**

Maximum amount	Details
<b>£7,700 tax-free</b> (receipts required)	<p>Towards relocation and removals when purchasing a property within 20 miles of YDH. This includes:</p> <ul style="list-style-type: none"> <li>■ Sale of their former home, legal fees.</li> <li>■ Purchase of their new home, legal fees.</li> <li>■ Removals expenses for transportation of belongings, furniture and effects to the new home in Yeovil, one-way claim (three quotes required).</li> <li>■ Associated travel expenses for overseeing the relocation process.</li> <li>■ Charges for temporary storage of furniture or effects pending imminent purchase of the new property.</li> <li>■ Domestic goods for the new home (eg essential white goods, cooker, curtains, basic furniture).</li> <li>■ Costs for temporary local accommodation may be claimed when purchasing a property (hotel or rent for short stay only).</li> </ul>

**Relocation Package Option 2: Renting a property**

Maximum amount	Details
<b>£7,700 tax-free</b> (receipts required)	<p>Towards relocation and removals when purchasing a property within 20 miles of YDH. This includes:</p> <ul style="list-style-type: none"> <li>■ Flights to the UK for a person from overseas and their dependent(s).</li> <li>■ Visa costs for the UK for the person from overseas and their dependent(s).</li> <li>■ Taxi from UK airport to YDH (one-way journey).</li> <li>■ Travel costs for new starter, from UK home to YDH, to take up new role (train, taxi or mileage public transport rate).</li> <li>■ Removals expenses for transportation of belongings, furniture and effects to the new home in Yeovil, one-way claim (three quotes required).</li> <li>■ Three months' rent (excludes deposit).</li> <li>■ Domestic goods for the new home where the property is rented and comes unfurnished (eg essential white goods, cooker, curtains, basic furniture).</li> </ul>



# Retirement

## 1 What this policy covers

**YDH recognises that employees no longer have to retire at a specific age. This policy applies to all employees and enables us to manage their retirement, while helping staff to better understand their options should they wish to retire.**

This policy reflects ACAS best-practice guidance, following removal of the Default Retirement Age (DRA) in October 2011. This does not mean that employees will never be able to retire, of course, it simply means employers cannot require you to retire, unless there are exceptional circumstances (see 4).

This policy should be read in conjunction YDH's Equality and Inclusion, Flexible Working and Capability policies.

## 2 Principles

- YDH is committed to creating a positive and inclusive environment, respecting equality and diversity, and encouraging good relations between people of all ages.
- YDH recognises the valuable contribution made by employees of all ages and will work towards eliminating prejudice and discrimination irrespective of age.
- Unless it has been agreed otherwise, employees wishing to retire will be expected to work their contracted notice periods.

**“Employees considering retirement should ensure they understand the associated processes and financial implications before submitting their formal notice”**

## 3 Responsibilities

- The YDH Board of Directors has overall responsibility for ensuring this policy is applied fairly and consistently.
- YDH managers are responsible for ensuring the practical application of this policy.
- Employees considering retirement should ensure they understand the associated processes and financial implications before submitting their formal notice.

## 4 Policy in practice

- 4.1** Line managers should have regular conversations with their employees about their expectations, development needs and future plans, including through their annual appraisal review.
- 4.2** Employees can indicate a date at which they plan to retire from NHS service (their “indicated retirement date”). Should the employee change their mind, YDH will accommodate their request to continue working beyond the original indicated retirement date.
- 4.3** Should an employee 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 three months’ notice is given.
- 4.4** Once an employee has given formal notice to leave, YDH is under no obligation to agree if they subsequently wish to withdraw their notice.



## “To help you plan for your retirement, we offer a comprehensive, free, one-day retirement planning course”

**4.5** Any untaken annual leave that is paid to an employee 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.

**4.6** In exceptional circumstances, employees may be asked to retire if it can be shown that they can no longer undertake their role.

## 5 Return to work at YDH

**5.1** Employees 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.

**5.2** Employees who have retired but wish to return to working at YDH, must have a minimum of two weeks' gap before re-starting work.

**5.3** Employees wishing to return to work at YDH within three months of their retirement will undergo our internal recruitment process.

**5.4** Employees wishing to return to work at YDH after three months of their retirement date, must apply through the normal processes outlined in our Recruitment and Selection Policy (see page 117).

**5.5** Before applying to return to work, employees should consider the implication of any future earnings on their pension payments.

## 6 NHS Pension Scheme

**6.1** 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 YDH.

**6.2** Options for flexible working must be discussed and agreed by YDH and the employee in accordance with our Flexible Working Policy (see page 48).

**6.3** For further advice please contact Payroll or visit the NHS pension website at:

 [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions)

## 7 Support for employees intending to retire

To help you plan for your retirement, we offer a comprehensive, free, one-day retirement planning course that covers:

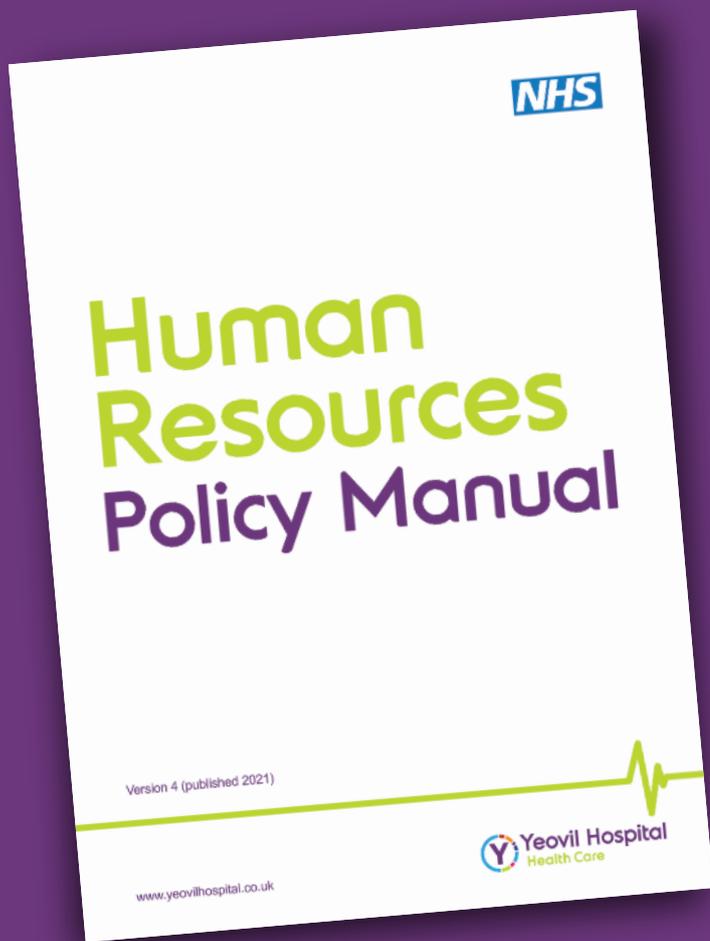
- your NHS pension
- tax implications
- protecting your income
- estate planning and wills.

Further details are available from the YDH Academy.

## 8 Appeals

Should you wish to appeal a decision in respect of your retirement, you can use the YDH Grievance Policy.





You can download any of the HR forms mentioned in this publication from the HR Forms section of

# YCloud

The YDH staff intranet website

[www.yeovilhospital.co.uk](http://www.yeovilhospital.co.uk)



**Yeovil Hospital**  
Health Care



# Secondary employment

## 1 What this policy covers

**This policy provides guidance on how additional employment can be undertaken while you are a YDH employee.**

It is designed to ensure that you can maintain a high quality professional service when working for YDH, while being able to take on other work without it impacting negatively on your role here.

This policy will also help to prevent you or YDH contravening legislation on working time, including the total hours worked, breaks between work periods and annual leave.

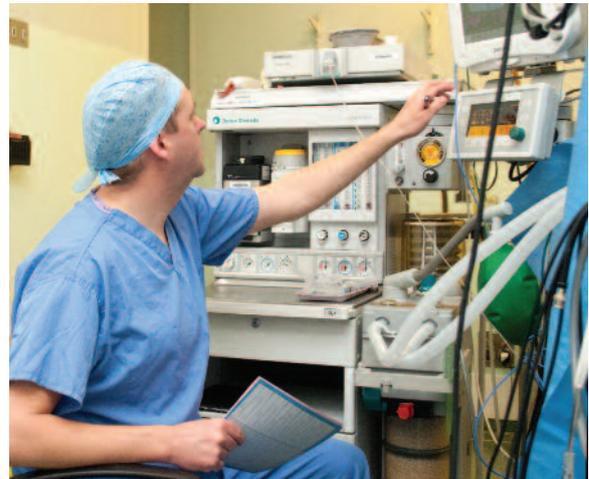
Some employees will have contracts of employment detailing more specific provisions about secondary employment. In such cases, these will apply in addition to this policy's provisions.

### Definitions

In this policy the term "secondary employment" covers:

- any additional employment within YDH over and above your contracted hours
- external bank, locum or agency work
- paid employment inside and outside of YDH including on-call service provision to other services
- work you may undertake as a self-employed person
- private practice.

**"In most situations, secondary employment will not constitute a conflict of interest in relation to your work for YDH. However, to avoid any doubt, it is important that there is total transparency"**



## 2 Principles

- In most situations, it is accepted that secondary employment will not constitute a conflict of interest in relation to your work for YDH. However, to avoid any doubt, it is important that there is total transparency about these arrangements, so there is no appearance or accusation of such a conflict.
- While YDH recognises that for career progression or financial reasons you may wish to undertake secondary employment, it has a duty to ensure that you do not engage in other paid or unpaid work that may conflict with the interests of, or affect your performance or attendance under your contract of employment with YDH.

## 3 Responsibilities

- All staff must adhere to the terms of this policy. Failure to comply, or ignoring the refusal of a request, may result in disciplinary action under the YDH Disciplinary Policy (see page 32).
- The Medical Director is responsible for ensuring time spent on private practice by medical staff is



reviewed each year as part of the job-planning process to ensure it is being undertaken either outside of NHS paid time or the equivalent time is paid back to the NHS.

- Managers are responsible for ensuring staff are made aware of this policy, and that the process to notify YDH of any secondary employment is followed by their team.
- Where you are undertaking secondary employment, it is your responsibility to ensure that your performance in your primary post is not affected.
- It is also your responsibility to notify your manager immediately if your secondary employment ceases or substantially changes (eg the number of hours worked or pattern of shifts).

## 4 Policy in practice

### 4.1 Conditions

You are permitted to undertake additional work, providing YDH is satisfied that this does not conflict with:

- national terms of conditions of employment and/or your own contract of employment
- the reputation of YDH, or bring YDH into disrepute
- your performance in your YDH role
- your wellbeing and levels of sickness absence.

### 4.2 Notification of secondary employment Pre employment

Those offered jobs with YDH will be asked to disclose any secondary employment they intend to continue after starting employment with YDH, using the Secondary Employment Notification form (available on the Human Resources Policy Forms section on YCloud).

**“If a secondary employment declaration is not acceptable and the appointee wishes to continue with their conditional offer of employment, they must confirm in writing they will have ceased secondary employment prior to taking up employment with YDH”**



The HR Department will tell the relevant manager about any such disclosures, who will then consider whether the secondary employment must be discussed with the potential employee and parameters established to ensure there is no adverse impact on their YDH role. In the case of new starters, this discussion will take place before their job offer is progressed.

If a secondary employment declaration is not acceptable and the appointee wishes to continue with their conditional offer of employment, they must confirm in writing they will have ceased secondary employment prior to taking up employment with YDH.

### During employment

If you are considering taking up secondary employment, including bank, locum and agency work, you must declare your intention by completing the Secondary Employment Notification form.

On receipt of the form, your manager will meet with you to discuss the secondary employment and potential impact on your current primary job, paying particular attention to performance and attendance. Having considered all the factors, they will decide whether the secondary employment would be detrimental or not.

Part 2 of the Secondary Employment Notification form should be completed, stating the manager's decision, with a copy forwarded to HR and retained on your personal file.



**“If your manager can demonstrate that secondary employment is having an adverse impact on your performance, attendance or time-keeping, they will ask you to cease your secondary employment”**

#### **Withdrawing permission**

If your manager can clearly demonstrate that any secondary employment is having an adverse impact on your performance, attendance or time-keeping, they will ask you to cease your secondary employment.

If you decline, Human Resources will investigate. The findings of the investigation will be shared with you and your manager and Human Resources will advise on the appropriate next steps.

### **5 Appeal**

If your manager rejects your application for secondary employment, you may appeal using YDH's Grievance Policy (see page 56).

### **6 Medical and Dental Staff**

Doctors and dentists must adhere to the conditions set out in their terms and conditions of employment and the Department of Health Code of Conduct for Private



Practice with regard to private practice and fee-paying services.

Doctors and dentists may undertake private practice or work for outside agencies, providing they have declared it and they do not do so within YDH contracted time.

### **7 Sickness**

You must inform your manager, who will seek guidance from Human Resources and Occupational Health regarding the prospect of you continuing any secondary employment where you are unfit for YDH work.

You are normally required to refrain from secondary employment while on sick leave. Working elsewhere while on paid sick leave from YDH, without having obtained permission from YDH beforehand, could be regarded as fraud, and/or a disciplinary matter, which will be dealt with under YDH's Anti-Fraud, Bribery and Corruption Policy.

However, if you have two different types of work that enables you to work in one post while sick in another, you will not be entitled to Statutory Sick Pay, but you may be eligible to receive Occupational Sick Pay for the post you are unable to perform, if approved by the Occupational Health Department.

### **8 Attendance/time-keeping**

Any adverse impact on attendance and/or time-keeping as a result of your secondary employment will be investigated.

### **9 Working Time Regulations**

YDH must ensure that you comply with the Working Time Regulations, and if you have secondary employment and regularly work more than 48 combined hours per week, you must sign a Working Time Regulations “opt-out” form. This is available from the Human Resources Department.



# Shared parental leave

## 1 What this policy covers

**Shared parental leave enables eligible parents to choose how to share the care of their child during the first year of life or adoption.**

All eligible employees have a statutory right to take Shared Parental Leave (SPL). There may also be an entitlement to some Shared Parental Pay (ShPP).

This policy provides an overview of your statutory rights and explains the notification process and what your statutory ShPP entitlements are.

## 2 Principles

- While YDH recognises its statutory responsibilities and supports the principle of SPL, decisions in respect of when the leave is taken will need to take account of service demands.
- Leave granted in respect of this policy must be used for caring for your child. Use for any other purpose and fraudulent claims could result in disciplinary and criminal action being taken against you.

## 3 Responsibilities

- YDH aims to ensure that applications for SPL are treated appropriately in accordance with this policy and in a way that does not discriminate.
- Managers are responsible for actioning requests for SPL in accordance with this policy.
- Employees wishing to take SPL should comply with the procedures and timescales outlined in this policy.
- Human Resources can advise managers and employees about the various YDH policies and options available for childcare.

“YDH aims to ensure that applications for SPL are treated appropriately in accordance with this policy and in a way that does not discriminate”

## 4 Policy in Practice

### 4.1 Eligibility for SPL

To qualify for SPL you must share responsibility for the child with one of the following:

- your husband, wife, civil partner or joint adopter
- the child's other parent
- Your partner (if they live with you and the child).

In addition, each of the following criteria must be met:

- you or your partner must be eligible for maternity pay or leave, adoption pay or leave or Maternity Allowance
- you must have worked continuously for the same employer for at least 26 weeks by the end of the fifteenth week before the due date (or by the date you are matched with your adopted child)



You must stay with YDH while you take SPL. During the 66 weeks before the week the baby's due date (or the week you are matched with your adopted child) the person with whom you wish to take your SPL with must:

- have been working for at least 26 weeks (they do not need to be continuous) and do not necessarily need to be working at the date of birth/adoption or when you start SPL or ShPP
- have earned at least £390\* in total in 13 of the 66 weeks (add up the highest paying weeks, they don't need to be in a row).

\*Please note that this is the 2017 rate and this may change.

#### Notifying YDH

If you are entitled and intend to take SPL, you must notify your line manager of your entitlement and intention to take to SPL at least eight weeks before your intended leave. Use the Shared Parental Leave Notification form, which can be found in the Human Resources Policy Forms section on YCloud. This should be sent to your line manager with a completed entitlement questionnaire (available at [www.gov.uk/pay-leave-for-parents](http://www.gov.uk/pay-leave-for-parents)).

#### Requesting further evidence of eligibility

Within 14 days of the SPL entitlement notification being given, YDH may request:

- the name and business address of your partner's employer (if the employee's partner is no longer employed or is self-employed their contact details must be given instead)
- in the case of biological parents, a copy of the child's birth certificate (or where one has not been issued, a declaration of the time and place of birth)
- in cases of adoption, documentary evidence of the name and address of the adoption agency, the date on which they were notified of having been

**“An employee taking maternity leave cannot return to work before the end of the compulsory two weeks of maternity leave following the birth. If you are adopting, the person claiming adoption pay must take at least two weeks of adoption leave”**

matched with the child and the date on which the agency expects to place the child for adoption.

To take SPL, the employee must produce this information within 14 days of the employer's request.

#### 4.2 Booking and taking SPL

You can only start SPL or receive ShPP once the child has been born or placed for adoption. The mother (or the person getting adoption leave or pay) must do one of the following:

- end any maternity or adoption leave by returning to work with her employer
- give the employer at least eight weeks “binding notice” (ie a decision that can't normally be changed) of the date when they plan to end any maternity or adoption leave
- end any maternity pay, Maternity Allowance or adoption pay.

The parent or adopter must give at least eight weeks' notice to the employer (for maternity or adoption pay) or to Jobcentre Plus (for Maternity Allowance) if they have not returned to work

You can start SPL or ShPP while your partner is still on maternity or adoption leave and pay as long as they have given binding notice to end it.

Two weeks compulsory maternity/adoption leave must be taken before SPL can start.

#### Example one

An employee and their partner are both eligible for SPL. The employee goes on maternity leave two weeks before their baby is born. They give notice to their employer that they will take 16 weeks of maternity leave.

Since they have given binding notice, their partner can start SPL as soon as the baby has been born (as long as their partner has given at least eight weeks' notice to their employer).



### Booking blocks of leave

You can book up to three separate blocks of SPL (“discontinuous leave”) instead of taking it all in one go (“continuous leave”), even if you are not sharing the leave with your partner.

If your partner is also eligible for SPL, you can take up to three blocks of leave each. You can take leave at different times or both at the same time.

You must tell your employer about your plans for leave when you apply for SPL. You can change these plans later, but you must give your employer at least eight weeks’ notice before you want to begin a block of leave.

### Splitting blocks of leave

If your employer agrees, you can split blocks into shorter periods of at least a week.

#### Example two

An employee finishes their maternity leave at the end of October and takes the rest of their leave as SPL. They share it with their partner, who is also eligible. They each take the whole of November as their first blocks of SPL. The partner then returns to work.

They also return to work in December. They give their employer notice that they’ll go on leave again in February – this is their second block of SPL. Their employer agrees to a work pattern of two-weeks-on, two-weeks-off, during the block.



### Cancelling decisions to end maternity or adoption leave

Changes to end maternity or adoption leave can be made if:

- the planned end date has not passed and
- they have not already returned to work.

One of the following must also apply:

- you find out during the eight-week notice period that neither of you is eligible for SPL or ShPP, thereby necessitating an earlier return to work
- the mother/parent or adopter’s partner has died
- the mother/parent tells her employer less than six weeks after the birth (and she gave notice that she was going to return before the birth)

**“In some circumstances it may be necessary for a meeting to be held with Human Resources and your manager to discuss how the leave proposal could be mutually agreed”**

### Discussions regarding SPL

If you are considering or taking SPL, you should contact your line manager/Human Resources to arrange an informal discussion as early as possible regarding your potential entitlement and to discuss your plans.

Upon receiving a notification of entitlement to take SPL where the leave is to be continuous, the line manager/Human Resources may wish to meet with you to discuss the detailed arrangements. However, the leave will be agreed, because it is a statutory entitlement and the SPL dates will be confirmed to you in writing within 14 days of notification.

Where the request is for discontinuous leave, if this can be agreed without further discussion, a meeting may not be necessary and the SPL dates will be confirmed to you in writing within 14 days of notification. However, in some circumstances it may be necessary for a meeting to be held with Human Resources and your line manager to discuss how the leave proposal could be mutually agreed.





All requests for discontinuous leave will be carefully considered case by case, weighing up the potential benefits to you and YDH against any adverse impact to service delivery. Agreeing to one request will not set a precedent.

If the original proposal for discontinuous leave or other options cannot be agreed, this will be confirmed in writing within 14 days after which you can request to take continuous leave.

#### Variations to arranged SPL

Each variation or cancellation notification made by you, including notice to return to work early, will usually count as a new notification and be counted against the three notifications to which you are entitled. However, a change as a result of a child being born early, or as a result of YDH requesting it be changed and you agreeing, will not count as further notification and therefore will not affect your overall entitlement of three. YDH will confirm any variation in writing.

**“All requests for discontinuous leave will be carefully considered case by case, weighing up the potential benefits to you and YDH against any adverse impact to service delivery. Agreeing to one request will not set a precedent”**

#### 4.3 Statutory ShPP

You will receive ShPP if you are an employee and one of the following applies:

- you are eligible for Statutory Maternity Pay (SMP) or Statutory Adoption Pay (SAP)
- you are eligible for Statutory Paternity Pay (SPP) and your partner is eligible for SMP, Maternity Allowance (MA) or SAP.

If you are eligible and you or your partner end maternity or adoption leave and pay (or MA) early, you can't take the rest of the 52 weeks of maternity or adoption leave as SPL.

You should take the rest of the 39 weeks of maternity or adoption pay (or MA) as Statutory ShPP.

#### How much pay you will get

ShPP is £139.58 a week or 90 per cent of your average weekly earnings, whichever is lower (please note that this is the 2016/17 rate and may change).

This is the same as SMP, except that during the first six weeks, SMP is paid at 90 per cent of whatever you earn (with no maximum).

#### Example three

An employee decides to start their maternity leave four weeks before the due date and gives notice that they'll start SPL 10 weeks after the birth (taking a total of 14 weeks' maternity leave). They normally earn £200 a week.

They are paid £180 (90 per cent of their average weekly earnings) as SMP for the first six weeks of maternity leave, then £139.58 a week for the next eight weeks. Once they go onto SPL, they're still paid £139.58 a week.



“Before your SPL begins, your manager will discuss arrangements for you to keep in touch during your leave. YDH reserves the right to maintain reasonable contact with you from time to time during your SPL”

## 5 Terms and conditions during SPL

During the period of SPL, your contract of employment continues without change and you are entitled to receive all your contractual benefits, except for salary.

Pension contributions will continue to be made during any period when you are receiving ShPP, but not during any period of unpaid SPL. Your employee contributions will be based on actual pay, while YDH's contributions will be based on the salary that you would have received had you not been taking SPL.

### 5.1 Annual leave

SPL is granted in addition to your normal annual holiday entitlement. You are reminded that holiday should wherever possible be taken in the year that it is earned. Where an SPL period overlaps two leave years, you should agree with your manager how best you can take all of your annual leave entitlement .

### 5.2 Contact during SPL

Before your SPL begins, your manager will discuss arrangements for you to keep in touch during your leave. YDH reserves the right to maintain reasonable contact with you from time to time during your SPL.

This may be to discuss your plans to return to work, ensure you are aware of any possible promotion opportunities, talk about any special arrangements to be made or training to be given to ease your return to work or simply to update you on developments at work during your absence.

### 5.3 SPL In Touch days

You can agree to work at YDH (or attend training) for up to 20 days during SPL without bringing your period of SPL to an end or impacting on your right to claim ShPP for that week. These are known as “SPL In Touch” or “SPLIT” days. Any work carried out on a day or part of a day shall constitute a day's work for these purposes.

YDH has no right to require you to carry out any work, and is under no obligation to offer you any work during your SPL. Any work undertaken is a matter for agreement between you and YDH. If you undertake a SPLIT day, you will receive full pay for any day worked. If a SPLIT day occurs during a week when you are receiving ShPP, this will be effectively “topped up” so that you receive full pay for the day in question. Any SPLIT days worked do not extend the period of SPL.

You may, with the agreement of YDH, use SPLIT days to work part of a week during SPL. SPLIT days may also be used to effect a gradual return-to-work towards the end of a long period of SPL or to trial a possible flexible working pattern.

### 5.4 Returning to work after SPL

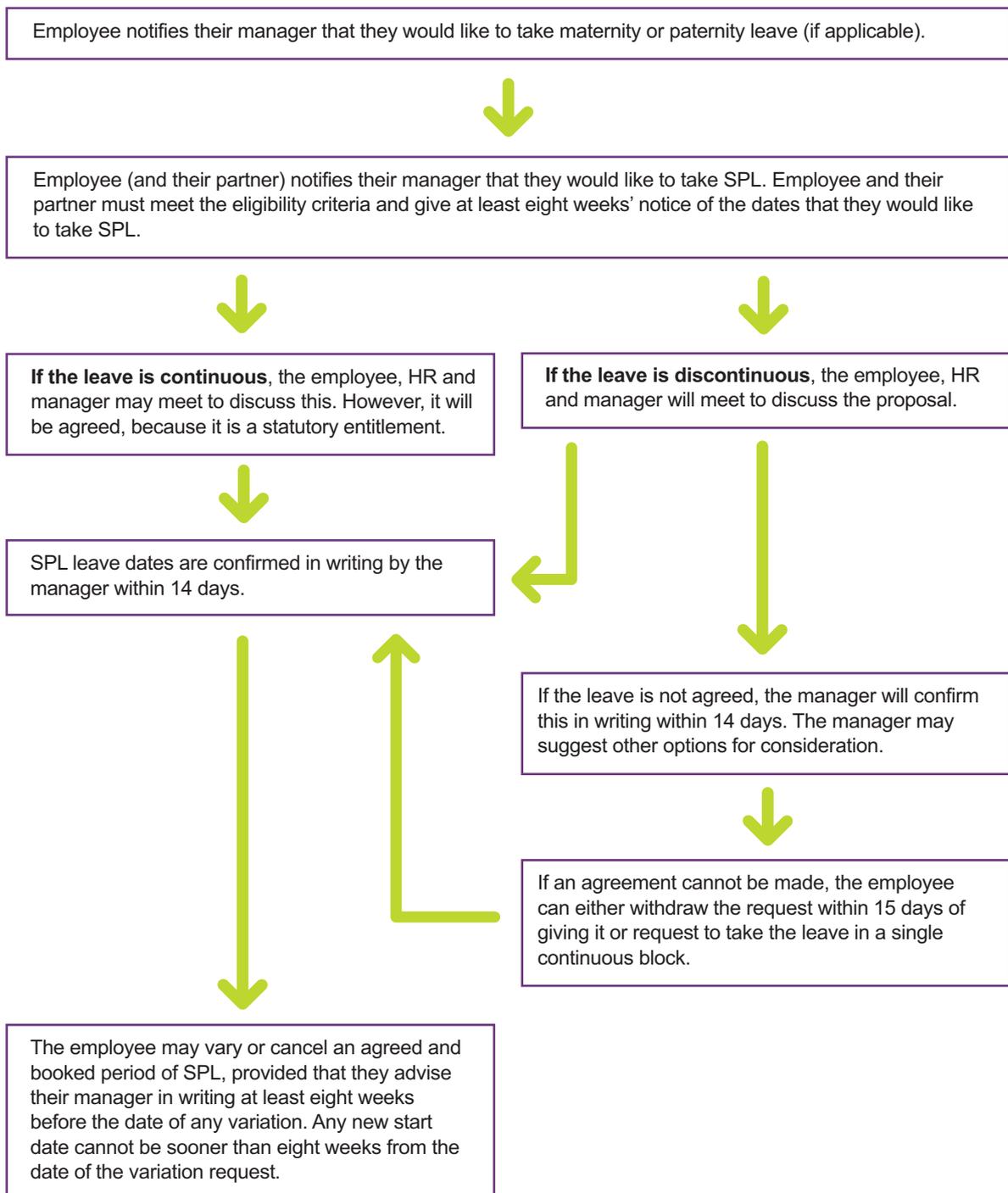
You will have been formally advised in writing by YDH of the end date of any period of SPL. You are expected to return on the next working day after this date, unless you notify YDH otherwise. If you are unable to attend work because of sickness or injury, normal arrangements for sickness absence will apply.

On returning to work after SPL, you are entitled to return to the same role and terms and conditions if your aggregate total statutory maternity/paternity/adoption leave and SPL amounts to 26 weeks or less. The same role is the one you performed immediately before commencing maternity/paternity/adoption leave and the most recent period of SPL.

On returning from SPL you are entitled to return to the same or similar role on no less favourable terms of employment.



## Requesting SPL: the process





# Sickness management

## What this policy covers

**We know there will be times that you cannot attend work because of illness or health-related reasons. When this happens we want to ensure that you're properly supported and treated fairly, so that you can return to work as soon as possible. But we'll also need to review and manage your absence to minimise the impact on YDH.**

This policy explains how sickness absence should be reported, the effects of sickness on your pay and annual leave and how we manage short- and long-term absence. If you are in your probation period and take time off work because of sickness, your manager will review this using both the YDH Sickness Management and Probation Policies.

For this policy, the following definitions apply:

- **Short-term sickness absence:** absence of fewer than four consecutive weeks, usually odd days or a few days at a time, throughout the year.



**“YDH will aim to ensure that the management of sickness is fair, consistent and effective”**

- **Long-term sickness absence:** long-term absence through illness or injury because of serious or significant illness or disability which lasts (or is expected to last) for more than four consecutive weeks.
- **Underlying health condition:** an illness or injury with potential to influence daily living or attendance, but may be mitigated through medical treatment, adaptation/management by the individual and/or reasonable adjustment by YDH if necessary.

Although sickness can be categorised as short-term or long-term, all absence will be counted equally towards the triggers in this policy.

## Principles

YDH's management of sickness is based on the following principles:

- You should make every reasonable effort to attend work, however, if you're unwell, it should be reported and recorded.
- If you have an underlying medical condition, we will work with you to support your attendance at work, through supportive occupational health advice and (where necessary and feasible) making reasonable adjustments.
- We will consider your health needs based on your individual circumstances and the procedure may be varied as appropriate.
- We will listen to you during meetings and take account of any mitigating factors.



## Responsibilities

YDH will aim to ensure that management of sickness is fair, consistent and effective, encouraging and supporting you to maintain good attendance.

- Your manager will support you through this policy to achieve acceptable levels of attendance.
- You should not remain at work if you're too unwell to attend. Your manager will be responsible for ensuring this.
- Human Resources is responsible for providing advice and support to you and your manager through this and other associated policies to support your attendance at work.
- Occupational Health is responsible for providing impartial professional medical advice to you and your manager about your health, wellbeing and the potential interaction with your job role.
- Every YDH staff member must adhere to this policy.
- You are responsible for alerting your manager at the earliest opportunity if you are aware of changes to your health and wellbeing that may impact your ability to do your job.
- You are responsible for attending occupational health appointments and relevant meetings with your manager and HR associated with managing your attendance.

### Notification of sickness

Where possible, please notify the absence line and your manager (or appropriate nominated deputy) at least four hours before the beginning of your normal start time if you are absent because of sickness. Please explain the nature of your sickness (highly sensitive and personal information need not be disclosed), the estimated time you will be absent if known and whether you intend to see your GP.

- Keep trying to contact the absence line and your manager (or nominated deputy) until you speak to them directly.
- Agree with your manager how you will keep in contact to update them of progress and how they can contact you.

**“All staff directly employed by YDH must adhere to this policy”**



- Your manager may contact you for an update on how you're feeling and to find out when you expect to return to work.
- Please inform your manager if your sickness absence is related to a workplace incident.
- Diarrhoea and vomiting-related sickness requires you to be symptom free for 48 hours before returning to work. Your whole absence will be recorded as sickness absence, but only the actual sickness period will count towards any absence triggers.

### Sickness Absence certification

Please provide absence certification as follows:

- **For absences up to seven calendar days (including non-working days):** a return to work and self-certification form (available on YCloud) must be completed.
- **For absences of eight calendar days or more (including non-working days):** you must provide your manager with a medical certificate from your GP/hospital (also known as a Fit Note). On your return to work, see your manager and sign a Return To Work and Self-Certification Form. You may return to work before your medical certificate expires, if you are feeling better. In some instances, we may ask to refer you to Occupational Health to ensure that you're well enough to return.

### Effects of sickness on your terms and conditions of employment

- **Sick pay:** will be paid in accordance with your contract of employment and current national/local



terms and conditions. Please follow the reporting and certification process to ensure you receive any sick pay entitlement.

- **Annual Leave:** if you are sick immediately before annual leave, you must inform your manager, so that this time can be recorded as sick leave.
- If you are sick while on annual leave, contact your manager on the first day of your sickness and provide a medical certificate to cover the period of sickness so that your annual leave can be given back and the absence recorded as sick leave.
- If you are off sick on a public holiday, you may claim back this time. However, a medical certificate must be provided to cover this.
- You will continue to accrue annual leave during periods of sickness. Taking annual leave while you are signed off sick may be possible and will not break the period of sickness absence. However, you will need to discuss this with HR and your manager, prior to anything being agreed.
- If you have annual leave declined and are subsequently sick on the date(s) for which the leave was requested, you may be required to provide medical certification.

### Short-term sickness absence

#### Absence triggers

The triggers for a sickness absence meeting are:

- Two episodes of absence in three months.
- Four episodes (or four part days) in a 12-month rolling period or less.
- Any patterns of absence that significantly impact on your role or service.

Where you have tried to return to work, but a further absence relating to the same illness occurs, this will be considered as one episode, where this happens within two days of returning.

#### Representation

You are entitled to be accompanied by a work colleague or trade union representative at all meetings identified in this policy with the exception of return to work and wellbeing discussions.

#### Short-term sickness management

There are usually four stages in the management of our short-term sickness absence and below you will find what happens at each. The stages are:

- Return to Work and Wellbeing discussion
- First absence review
- Second absence review
- Final absence review.

#### Return to Work and Wellbeing discussion

Following any period of sickness absence, your manager will ask you to attend a "Return to work and Wellbeing" discussion. This is to:

- Welcome you back to work and better understand the reason for your sickness absence, find out whether it is work-related or if there is an underlying health problem.
- Advise you of the dates, frequency and pattern of your absence and ensure that you are aware if you have met a trigger.
- Consider what support could be offered to help improve your attendance, including whether a referral to Occupational Health may be beneficial.
- Inform you of what may happen if further absence(s) arise (eg attend an absence review meeting).
- Review any reasonable adjustments that have been made for you or that are required.

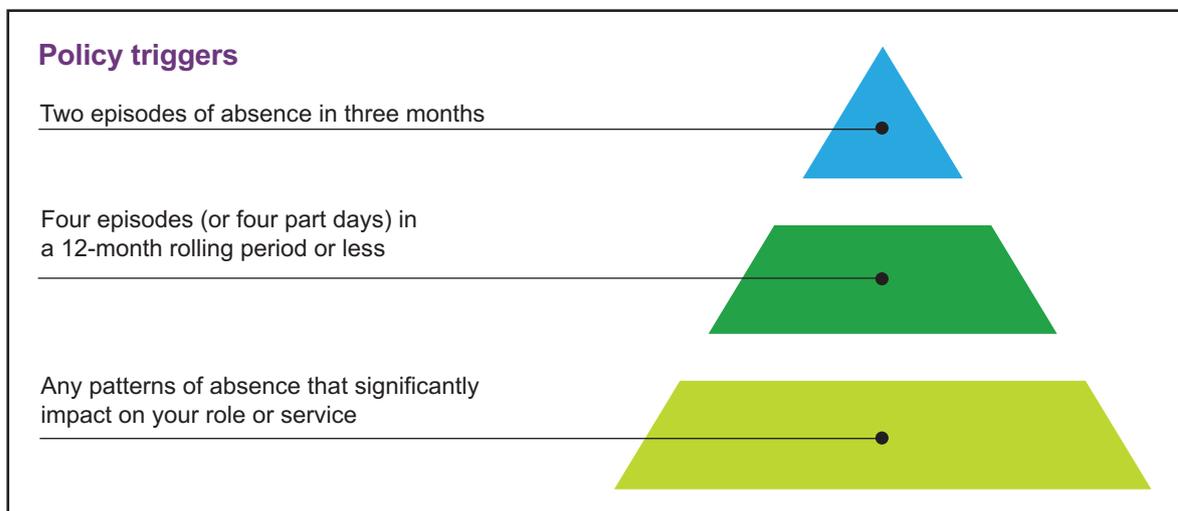
Your manager will complete a return-to-work review form and make a record of the meeting. Any medical certificates should be collected. You may have a copy of the record and a copy will be placed on your personal file.

#### First absence review

If you have further sickness absence and hit a trigger, your manager will arrange a first absence review meeting, except where it is established you have an underlying health condition (this will be managed as if it

**“Following sickness absence your manager will ask you to attend a short return-to-work discussion. The purpose is to welcome you back to work and better understand the reasons for your sickness absence”**





were long-term sickness absence). You will be given at least 10 calendar days' written notice of the meeting. At the meeting, your manager will talk through your absence and ensure that you are aware of your absence levels and what this means. They will listen to anything you'd like to say and will discuss with you potential ways to improve your attendance.

As part of the discussion, the following may be covered:

- Any impact that extra hours, bank or overtime or secondary employment may have on your health and attendance.
- What support may be beneficial, such as an Occupational Health referral/physiotherapy or other available treatments.
- Any personal issues that may be contributing to your health and wellbeing, and whether there is any support available to you.
- Whether you are receiving any further treatment or support from your GP or other medical professional.
- Whether or not there may be an underlying health condition and if so, how we can best support you with managing this.
- Any further ongoing concerns your manager has regarding your health and wellbeing or further information that may need to be sought.

If your manager is satisfied that your sickness is unrelated to an ongoing/underlying health condition and is not covered by any other policy, they may:

- Issue you with a first written warning, which will be

considered active for six months and inform you that your continued employment may be at risk if your absence levels continue. A copy will be placed on your personal file.

- Explain that your attendance will be monitored for six months, setting a target of no more than one occasion of absence in the monitoring period.
- Advise you whether any restrictions will be placed on your working additional hours.
- Inform you that a review meeting will take place at the end of the monitoring period or sooner if you do not meet the target set.
- Confirm what may happen if you are unable to meet the target set.

#### Second absence review

If you have been unable to achieve the target set at the first formal meeting, a further meeting will be arranged. Your manager, supported by an HR representative, will take you through the same process as set out in the previous stage, taking account of what support has been given. They will listen to what you have to say before deciding on the outcome, which may include a warning (up to a final written warning). A final written warning will remain active for 12 months and a copy will be placed on your personal file.

We will ask you to attend Occupational Health at this stage if this has not yet taken place, so that we can ensure that you are fully supported and your manager can make informed decisions about your health condition and other factors. If you do not consent, the process will continue and decisions regarding your

health and wellbeing may be made without the benefit of professional medical advice.

At the end of this agreed monitoring period, a review meeting will take place to discuss your attendance. If the required improvement has not been made, you will be informed that a final absence review meeting will be arranged.

#### Final absence review

This will be arranged with a panel of two more senior independent managers, supported by an HR representative.

Your manager will attend to outline your absence to date, including the triggers you have hit and they will explain what support you have had, as well as any adjustments that have been made to enable you to carry out your duties. You will be able to respond and the panel will listen to what you say.

The panel will consider whether:

- the policy has been followed fairly
- you have been given the opportunity to respond and say everything you would like to say
- there are any mitigating circumstances that may not yet have been considered
- YDH can continue to support your levels of absence or not, and the reasons why
- actions taken are proportionate and reasonable in the circumstances
- actions are consistent with previous similar cases within YDH.

If you or your representative are unable to attend for reasonable circumstances beyond your control, a further date will be arranged. If you cannot attend the rearranged date, we may decide to hold the meeting in your absence. Before this decision is taken, however, we will talk to you about why you cannot attend and

**“Your manager will outline your absence to date, including the triggers you have hit and explain what support you have had, as well as any adjustments that have been made to enable you to carry out your duties”**



consider whether to hold the meeting by phone/video or to allow a submitted written response for the meeting manager to consider. If you have a representative, they may agree to attend on your behalf in your absence.

All papers to be referred to at the meeting will be sent to you with your meeting invite letter at least 10 calendar days' before the meeting. If you wish to submit any additional papers, please send these to the HR representative at least five calendar days ahead of the meeting, so they can be distributed in advance.

Having considered all representations and evidence, the panel will determine whether you should be dismissed on grounds of capability because of ill health. The outcome will be confirmed in writing to you within seven calendar days and will include information about your notice period and right of appeal.

If you are not to be dismissed, a summary of agreed actions will be documented and sent to you within the same timeframe.

#### Stage of entering the procedure

Normally, the procedure will follow the stages as set out, however, there may be circumstances when it is appropriate to start after the initial stage.

#### New employees

If you are in your probation period, sickness absence will be managed in accordance with YDH's Sickness Management and Probation Policies. If you have completed your probation but have less than two years' service, and your sickness levels are high, we may



decide to invoke a short-term final review meeting, at which your dismissal may be considered. Advice will be sought from HR before this happens.

### Long-term sickness absence

Long-term sickness applies, where absences relate to:

- absences of 28 calendar days or more
- periodic absences caused by a diagnosed underlying medical condition
- hospitalisation or where you are receiving medical or other referred treatment
- a disability or where you suffer from a health-related condition that impacts on your ability to perform in your role.

Long-term sickness absence will be kept under review by your manager from an early stage and will require regular and ongoing assessment. If you meet one of the long-term absence criteria, your manager will contact you to arrange regular informal health and wellbeing meetings while you are off. If you're too ill to attend these, a home visit or alternative meeting place will be considered. A telephone or video call may also take place, if you cannot meet in person.

#### Health and wellbeing meetings

To support you while you are off work, your manager or deputy manager will arrange to meet or speak to you every four weeks for up to six months (ie six meetings). These could be arranged at work, through video/telephone call or at your home or neutral place. It is important that we maintain contact and that we can ensure you are properly supported while you are off work because of illness. If you have any concerns, you can also speak to your manager at any time outside this process about your health and wellbeing.

The purpose of the wellbeing meeting is to:

- see how you are feeling
- understand current prognosis, recovery or situation
- find out about any planned treatment or appointments
- discuss or organise a medical or Occupational Health report (with your consent)
- discuss the latest medical information and fitness to work advice

- find out if there is anything further we can do to support your return to work and when
- provide you with an update on the team and any recent changes
- remind you of the health, wellbeing and emotional support available
- agree next steps (eg contact, meeting dates, return to work).

It would be helpful to have medical advice and/or an Occupational Health report to guide the discussion around any planned return to work, including a phased return or reasonable adjustments to enable you to carry out your role. Before any referral is made you will be asked for your consent. If you do not consent, we may make decisions regarding your health and wellbeing and any return to work without the benefit of medical advice.

If after six months' support you continue to be unwell and there is no foreseeable return to work, or your health condition significantly impacts your ability to carry out your role, we will arrange a formal meeting with you to explore whether you are able to continue your employment. The six-month period may be shortened if the medical information advises that you are unlikely to return to work.

### Formal stage

#### First ill health meeting

You will be asked in writing to attend this meeting and given at least 10 calendar days' notice. At this meeting an independent manager, supported by an HR representative, will review the latest medical advice/reports, the possibility of a return to work and any arrangements to support this and the following will be discussed with you:

- What reasonable adjustments have been made and whether there are any others to consider or put in place to assist your return to work.
- Redeployment to another role, including whether this can be accommodated with reasonable adjustments.
- Ill-health retirement, where this is an option.
- Mutual agreement to end your employment, if this is something you wish to consider.

Where possible, we will plan your return to work with appropriate support and discuss this with you. Having considered all available options, if there is no likelihood of a return to work within the timescales agreed, we will arrange a final ill-health meeting.

### Final ill health meeting

This meeting will be held by a panel of two senior independent managers, supported by an HR representative. It will only be arranged when we have exhausted the considerations of the previous meeting and where there is no likelihood of a return to work because of your ongoing health issues.

All papers to be referred to at the meeting will be sent to you with your meeting invitation at least ten calendar days' before it takes place. If you wish to submit any additional papers for the meeting, please send these to the HR representative at least five calendar days before, so they can be distributed in advance.

Your manager will be asked to attend to discuss all previous meetings and their outcomes. You will get the chance to respond and the panel will listen to anything else you wish to say, including whether there has been any significant change in your circumstances, before a final decision is made.

While it is hoped that you will return to work and resume normal duties, despite efforts to do so, this may not be possible. Therefore, this final meeting will consider whether your employment should end because of a lack of capability caused by ill health.



The outcome of this meeting will be confirmed in writing within seven calendar days of the meeting, including information about your notice period and right of appeal.

### Appeal

You have the right to appeal if you believe:

- the procedure has not been correctly followed
- there is evidence the process has not been fairly or objectively delivered
- the decision reached was not reasonable in light of the evidence presented.

Please appeal in writing to the Deputy Director of HR and OD within seven calendar days of receiving the outcome letter, outlining clearly your reasons and providing any supporting evidence. An appeal will be heard by a different panel of two senior managers than the previous meeting, supported by a senior HR representative. The appeal decision is final.

### Key guidance during short- and long-term absence

#### Occupational Health

You may be asked to attend Occupational Health during either the short- or long-term sickness absence procedures if:

- You continue to hit triggers under the short-term sickness procedure.
- You have been off work because of sickness for 28 days or more or if a date of return has not been indicated.
- You have suffered an illness or injury that may impact on your ability to carry out your role.
- You, your manager or medical practitioner requests a change of duties on medical grounds.
- You wish to be considered for ill-health retirement.
- An assessment is required following an injury sustained at work.

Occupational Health may provide recommendations of changes to your workplace, working pattern or work practice to help you return to work or improve your attendance. All recommendations will be considered, taking into account the impact on service delivery and



other team members. If necessary, Occupational Health may ask for consent to contact your GP or specialist for a medical report. Confidentiality will be maintained in line with the consent provided.

### Return to work

A return-to-work meeting will be arranged with you, ideally before you start any shift or duties either before or on your first day back to work. The purpose of the return to work meeting discussion is to:

- Welcome you back.
- Update you on anything new or that may have changed during your period of absence.
- Check that you feel fit to be at work and discuss any agreed support and/or reasonable adjustments.
- Confirm any agreed phased return plan, including that YDH will support the first two weeks on full pay.
- Carry out any risk assessments where applicable.
- Arrange regular health and wellbeing meetings with you to support your return.

### Phased return to work

Occupational Health may suggest a phased return (also known as a sheltered return) consisting of adjusted or temporary cessation of certain duties or a temporary reduction of working hours over a period to help you slowly return to work. This is normally supported for two weeks on full pay.

In some circumstances, a medical practitioner may advise that the phased return should be longer than two weeks. We will consider and discuss the options to support this extended phased return with you. This may include extending your paid phased return and/or using annual leave or “accrued TOIL” to make up your hours.

### Outcome following Occupational Health advice

On receipt of the Occupational Health report, you will usually be asked to attend a meeting to discuss it. This may be as part of the health and wellbeing/ill health meetings or (if appropriate) it may take place outside of these. The discussion will review the advice and discuss options for supporting you back to work, or where you are not yet fit to return to work, your manager will talk you through the next steps.

### Disability-related sickness absence

If you are absent from work because of a condition that is protected under the Equality Act 2010, reasonable

adjustments should be considered to help you to return to work and effectively carry out your role. Therefore, you should let your manager know about any condition that may require us to consider appropriate reasonable adjustments.

Reasonable adjustments may include changes to duties, hours or work patterns, specialist equipment or temporary or permanent redeployment. This list is not exhaustive, but provides some examples of what may be considered to enable you to do your job.

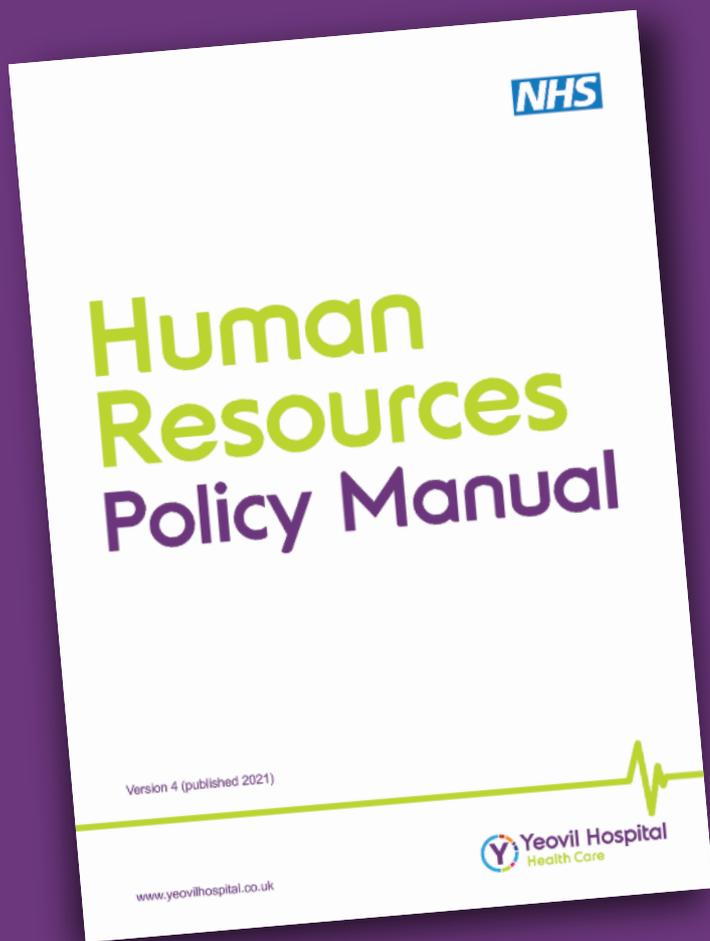
“Occupational Health may suggest a phased return, consisting of adjusted or temporary cessation of certain duties or a temporary reduction of working hours over a period to help you slowly return to work”

**Disability:** According to the Equality Act 2010: “A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities”. “Long-term” means the condition must last, or be likely to last, for more than 12 months, or is likely to last for the rest of the person’s life. People with cancer, multiple sclerosis or HIV/AIDS are defined as disabled from the date of diagnosis, regardless of the illness’s impact on their life at the time of diagnosis.

### Management of injuries and diseases

If you’ve been injured because of an accident at work or an incident while on duty, or if you have contracted a disease in the course of your YDH employment or you’ve developed a condition attributable to your work, you must tell your manager and ensure that it is recorded on an incident form.

Your manager must ensure that RIDDOR reports are completed (via Clinical Governance). Where death, major injury or injuries for more than seven days’ absence result, and for notifiable diseases, they must be reported to the Health and Safety Executive (HSE) without delay. For injuries resulting in absence of more than three days, records must still be kept.



You can download any of the HR forms mentioned in this publication from the HR Forms section of

# YCloud

The YDH staff intranet website

[www.yeovilhospital.co.uk](http://www.yeovilhospital.co.uk)



**Yeovil Hospital**  
Health Care

If your manager determines the disease was caused through your work, the episode will still be recorded as sickness absence and sick pay will be paid as appropriate. However, the work-related nature of the absence will be taken into consideration as mitigation when managing absence under this policy. You and/or your manager can obtain further advice, from HR, Occupational health or Clinical Governance.

### **Injury Allowance**

Employees working under NHS terms and conditions may apply for Injury Allowance where the criteria are met. This is a top-up payment to sick pay or reduced earnings when on a phased return to work, to 85% of pay for up to 12 months.

This is payable if you are off work and on authorised sickness absence or an agreed phased return with reduced pay or no pay due to an injury, disease or other health condition that is wholly or mainly attributable to your NHS employment. If you believe that you may be eligible to apply for injury allowance please contact HR.

### **Work-related ill health**

If there is a possibility that your ill health may have been caused or exacerbated by work or working arrangements, seek advice from Occupational Health. Where a disease or injury has occurred at work, you should record this on an incident form immediately and hand it to your manager. You may be able to claim for Injury Allowance (see above) in some circumstances. Detailed guidance can be found on YCloud.

### **Reasonable adjustments**

Sometimes, to facilitate or support you back to work, we may have to consider temporarily or permanently adjusting your duties or work pattern. This could be a reduction in hours, a change to specific tasks, not working nights or on call, a different work environment, support from a mentor, training or redeployment. Where reasonable adjustments are put in place, they will be recorded on a reasonable adjustments agreement and noted on your personal file.

### **Life-threatening or terminal illness**

If you're faced with a life-threatening or terminal illness it will be a very distressing time and you'll have lots to think about besides work. As your employer, we'll fully support you and your family in whatever way we can, so that you need not worry about work. Where possible,

your manager and HR will arrange to meet you, together with anyone else you want to be present, so that we can understand the support that would be most helpful to you.

### **Mutual agreements**

If you are on long-term sickness absence and believe there is no prospect of a return to work within a reasonable timeframe, you may request a first ill-health meeting to discuss your ongoing employment.

At this meeting, you'll be asked to explain the reasons why you believe you're unable to return to work and consideration will be given as to whether there are any reasonable adjustments or other support that could change this. The meeting manager will ensure that you fully understand the process being followed, the implications and that informed consent is being given.

If it is mutually agreed to end your employment, this will be on the basis you're no longer able to fulfil the duties of your role on grounds of ill health, effective from the date of the meeting. You will receive notice pay in lieu, together with any outstanding accrued annual leave entitlement or other payments accrued to the date of dismissal. This will be confirmed in writing within seven calendar days of the meeting.

### **Ill health retirement**

If you are a member of the NHS Pension Scheme with at least two years' service, are below the age of 60 and have medical evidence that you're unlikely to be able to return to work because of ill health, you may be eligible to retire on the grounds of ill health. The decision will rest with NHS Pensions, however, if you wish to explore this option, please discuss it your manager or HR.

### **Redeployment**

Where medical evidence supports that you're unable to return to work in your current role, we may consider redeployment to a suitable alternative role, subject to availability and medical advice.

### **Confidentiality**

Information shared during the sickness management process will be protected in line with legislation.



# Special leave

## 1 What this policy covers

**The purpose of this policy is to ensure that if you are genuinely in need of time off to deal with an emergency or to carry out a public or civic duty, you are treated fairly and consistently. This policy will list common reasons for needing special leave, tell you how much time you can take off and explain the reporting processes and pay arrangements.**

### Definitions

For the purposes of this policy a dependant is a:

- spouse
- civil partner
- child
- parent
- any other person who may reasonably rely on you for care or arrangements for the provision of care.

## 2 Principles

- YDH is sensitive to staff family commitments and responsibilities and will try to maintain flexible working and help staff to balance their work and personal lives to optimise their work attendance.
- This policy attempts to balance the requirements of delivering a first class service with employees' needs, to find the most effective way to support those with carer responsibilities, as part of a wider NHS commitment to improve working life quality.

## 3 Responsibilities

- YDH will aim to ensure that employees needing time off to deal with an emergency are treated fairly and consistently, while minimising service delivery impact.
- Managers will treat all requests made by staff under this policy fairly and equally, giving due consideration to the particular circumstances of each request.

- Staff wishing to apply for special leave should follow the procedures explained within this policy, giving the maximum possible notice. You must inform your manager as soon as possible of your unavailability for work, the reason for it and how long you expect to be away from work.

## 4 Policy in practice

When considering requests for special leave, managers will judge each case on its own merits and consider: the urgency of problem/issue; the nature of domestic/family crisis along with the number of dependants within the family and; the impact on the staff member. The amount of annual leave remaining and the number of special leave days granted within the last 12 months will also be taken into account.

Listed below are common circumstances where special leave is requested. If your request does not fall into any of these categories, please discuss the matter with your manager who will, if necessary, seek advice from HR.

Applications for special leave should be made using the Special Leave Application form, which can be found under the Human Resources Policy Forms section on YCloud (the YDH staff intranet site). It is recognised that in some circumstances the form may need to be completed retrospectively.

### 4.1 Bereavement/compassionate leave

You will be given up to five days' paid leave following the death of a close relative or dependent, with a further one day paid leave for attending the funeral.

For other relatives/friends you can take annual leave to attend funerals, with the agreement of your manager and in accordance with service needs. If you've used up your annual leave, other options can be considered, including time in lieu or unpaid leave at your manager's discretion and in accordance with service needs.



#### 4.2 Child Bereavement Leave/pay

Two weeks child bereavement leave on full pay will be given if you are the biological, adoptive parents, those who are fostering to adopt or legal guardian of a child. This leave can be used in the event of the death of a child from 24 weeks of pregnancy onwards. There is no requirement for the child to be under the age of 18. This could also include circumstances whereby you have caring responsibilities or are a child's primary carer.

This leave can be taken immediately or at another time and does not have to be taken in one continuous period. Employees should notify their manager of their intentions as soon as they are able to. Full details can be found in the NHS terms and conditions handbook.

#### 4.3 Emergencies in carer responsibilities

Your manager may agree, at their discretion and subject to service needs, up to five days' paid leave to deal with a family/dependant emergency.

#### 4.4 Civic/public duties

You will be entitled to up to six paid days per year to carry out such duties as attending meetings if you are a justice of the peace or member of a:

- local authority
- statutory tribunal
- police authority
- board of prison visitors or a prison visiting committee
- relevant health body (eg community health council)
- relevant education body
- the Environment Agency.

#### 4.5 Jury and witness service

If you are summoned to attend court for jury service or as a witness, you should give your manager the notification document you receive from the court.

You will be entitled to basic pay while absent and your manager should then inform the Payroll Department. You will receive a form from the court for any loss of earnings, which you should send to the Payroll Department, because it is important that this form is completed correctly.

#### 4.6 Reserve Forces

You're entitled to one week of paid leave and one week of unpaid leave (or as part of your annual leave entitlement) for Reserve Forces training or duty.

If you are a reservist and are asked to take part in operational duties, you should let your line manager know as soon as possible. You should provide:

- details of your call-out notice
- notification of the date and likely duration of mobilisation and deployment
- any statutory information related to your deployment.

Your manager will arrange a meeting to discuss the deployment in detail. At the meeting they will:

- confirm the details of your absence and duration
- discuss any concerns or impact on the service/YDH
- discuss your annual leave, pay and any pension implications.

The outcome of the meeting will be confirmed in writing. After active duty, you should be given a period of post-operational tour leave. If you want to return to work before the end of this leave period, you must get permission from your commanding officer or demobilisation centre. When you are given notice to return to work, please inform your manager of the date of your return to work and your current contact details. Your manager will contact you to discuss and plan your return with you.

#### 4.7 Medical and dental appointments

Where possible, staff must make every effort to attend appointments outside of their normal working hours. If this is not possible, paid time off may be considered at the discretion of your manager. Requests for paid time off will require evidence.

Where there is likely to be an ongoing need to receive medical treatment, your manager will consider whether there can be a temporary change to your working pattern to facilitate this.

## 5 Appeal

Should you wish to appeal decisions made in respect of this policy, use YDH's Grievance Policy. Further guidance on Special Leave can be found on the YCloud (the YDH staff intranet site).



# Supporting relationships at work

## What this policy covers

**YDH is fully committed to promoting a fair and harmonious working environment in which everyone is treated with respect and dignity. We all have a responsibility to create a culture of positive relationships at work that demonstrate our iCARE values.**

This policy is designed to support working relationships and should be used if you think you may need help to resolve problems that have arisen with a colleague while at work or where you feel a relationship at work is breaking down.



## Principles

Where possible, and in the first instance, problems with relationships at work can and should be dealt with informally and quickly. Most people will simply want to improve the relationship as soon as possible.

We know it's not easy to speak up about things that upset you or cause concern. However, a person may not know that their behaviour is unwelcome, therefore, if you can discuss your concerns it may help them to understand how their behaviour is affecting you and give them a chance to change it. This could prevent a situation from escalating and becoming more difficult to resolve.

You should attempt one, or a combination of, the methods detailed below, before starting a formal process. Only in exceptional circumstances will the formal process be actioned without first exhausting the informal process.

## Raising a concern with your colleague

If you feel able to raise the matter directly with your colleague face to face, we encourage open and honest discussions about problems as soon as possible. It is important to choose an appropriate time and place, as well as a non-confrontational approach.

Make it clear, using specific examples, what you have found challenging or what is causing you concern, and give your colleague the opportunity to respond.

We would encourage you to keep a diary of events to show how the relationship has changed over a period of time, including steps you have taken to address problems.

## Stage 1 – Informal process

If discussion with your colleague has not resolved the problem, speak to your manager to get their support and advice.

To initiate this stage, outline your concerns in writing to your manager. If the concern regards your manager, raise the matter with their manager.



Give specific information about the incident(s), including where possible:

- the names(s) of the colleague(s) involved
- the nature of the problem(s)
- dates and times
- names of any witnesses
- any action already taken to improve the relationship.

After your manager has received this information, they will seek advice from an HR representative and arrange a meeting with you to better understand the issue(s) and discuss next steps, with a view to resolving the problem informally.

To fully engage with this process, you need to be honest and open about what has gone wrong and be focussed on how things can improve. As this stage is informal, HR representatives need not be present at the meeting unless specifically asked to attend.

You and your manager will agree which of the following options to take (you may choose both):

**a) Discuss the concern with your colleague**

If you do not feel able to raise the issue directly with your colleague, your manager will raise the matter on your behalf.

**b) A supported conversation**

Your manager will provide support for you to have a conversation with your colleague to start rebuilding the relationship. Your manager will provide support to you both and will take no active part in the discussion. It may be useful for either or both parties to approach HR for advice on how to conduct these discussions carefully and sensitively.

Following one or both of the stage 1 informal options, if you feel things have not improved sufficiently, it is strongly recommended that you progress to Stage 2 – Mediation in agreement with your manager. Outcomes will be confirmed in writing to all parties.

**Stage 2 – Mediation**

Mediation should be used when relationships have not been improved through stage 1 of the informal process.

Mediation is voluntary and offers a safe and constructive forum to solve problems and develop a realistic agreement or outcome that meets everyone's needs. Mediators are impartial and do not offer solutions, but they promote and support good conversations. What is said in mediation is confidential and cannot be disclosed or used in any subsequent procedure.

The outcome of mediation is usually a written agreement or set of agreements that will be provided to your manager, so they can support this going forward. All parties are expected to be positively involved in mediation and committed to building working relationships and reaching an agreement at this stage.

**Mediation process**

The HR team will arrange an appropriate mediator based on the circumstances. The mediator will be independent and impartial and must be agreed by all parties.

Once appointed, the mediator will arrange to meet individually with all parties to understand the events. Following the individual meetings, the mediator will arrange a mediation session between all parties.

If agreement cannot be reached, your manager and HR team will be informed. They will meet with you and other parties to consider the next step. A further mediated session may be recommended before considering the formal process.

If any party does not agree to mediation, your manager will seek advice from HR to support a resolution.

**Stage 3 – Formal process**

If the informal process did not lead to the outcome you wanted and/or you have reasonable grounds to move to the formal stage, you should outline your reasons for moving to the formal stage in writing. Provide as much detail as possible and send this to your manager. If you are uncomfortable about putting the concerns in writing, talk to your manager or HR Business Partner.

Your manager will inform the HR Business Partner, who will acknowledge receipt of your concerns and assign an appropriate independent manager to hear your concerns.



The manager will arrange a formal meeting with you and the HR Business Partner. You can bring your trade union representative or work colleague to the formal meetings to support you and help to resolve the grievance. This meeting will be arranged as soon as possible.

The meeting will fully explore your concerns by reviewing documentation provided, including outcomes of informal meetings. The manager and HR Business Partner will decide whether further fact-finding is needed or if witnesses should be interviewed, so that a decision about the most suitable outcome or resolution can be reached.

Depending on the nature and seriousness of the concerns raised, interim measures may need to be considered while the fact-finding takes place, such as a temporary change to duties or a move for parties involved.

Once all fact-finding is completed, the manager will contact you to resume the meeting, to inform you of their findings and outcome, including recommendations. After the formal meeting, the other party will also be advised of outcomes and recommendations. The outcome will be confirmed in writing to all parties usually within seven calendar days of the meeting.

Outcomes may include (but are not limited to):

- further steps to improve working relationships (ie formal mediation)



- temporary or permanent redeployment of those involved
- case referred to a disciplinary hearing
- case to be considered under other relevant procedure.

We understand that these situations may be difficult and distressing, so health, wellbeing and emotional support will be provided where required.

#### **Withdrawing your concerns**

You may decide to withdraw from this process, but first your manager or HR Business Partner will seek to understand your reasons for withdrawal. Depending on their nature and substance, we may feel it is appropriate to follow up on the issues raised, even if you do not wish to pursue it.

#### **Appeal**

You have the right to appeal if you have strong grounds to believe:

- the procedure has not been followed correctly
- you do not believe the decision was reached objectively/fairly
- the decision reached was not appropriate in light of the evidence presented.

Appeals must be outlined in writing within seven calendar days of receiving the outcome letter and sent to the Deputy Director of HR and OD. Your appeal will be acknowledgement on receipt of this, and an appeal hearing will be arranged.

**“Appeals must be outlined in writing within seven calendar days of receiving the outcome letter and sent to the Deputy Director of HR and OD”**





# Trade union recognition

## 1 What this policy covers

The policy, agreed between YDH and those formally recognised trade unions listed on page 151, establishes a framework for consultation, negotiation and the provision of information.

This policy is supplemented by other documents aimed at regulating the conduct of industrial relations within YDH including:

- the constitution of YDH's Joint Consultative and Negotiating Committee (JCNC) and
- the terms of reference of the Local Negotiating Committee (medical and dental staff).

This policy applies in respect of all matters of common interest including:

- pay and conditions of service for all staff, excluding those whose pay and conditions are not covered by national agreements
- employment policies and procedures and issues arising from their application, except those that apply solely to YDH Directors



- working conditions, including health, safety and welfare if unresolved by YDH's Health and Safety Committee
- working practices
- mechanisms for negotiation or consultation with the recognised trade unions.

## 2 Principles

To ensure maximum effectiveness and positive working relationships, YDH and trade unions agree that they:

- have a common objective in ensuring the effective delivery of health services to the benefit of patients and users of YDH
- recognise the importance of good industrial relations and the efficient use of resources to achieve effective health care delivery
- recognise that they must work together to foster an environment that encourages trust, communication, cooperation, high standards and appropriate levels of support for staff and which reflect YDH's iCARE standards
- acknowledge the value of up-to-date, regular information about important changes that affect employees and the need to take early account of staffs' views
- are committed to developing policies and procedures that promote equality in line with relevant legislation and best practice
- are committed to resolving disputes informally in the first instance wherever possible.

“YDH and trade unions agree that it is in their mutual interest to adopt a negotiating process that promotes good employment relations through which issues may be resolved”





### 3 Responsibilities

YDH recognises:

- its responsibility in keeping trade unions fully informed in a timely fashion about YDH business objectives, including strategic and operational plans and the means of implementing them
- the trade unions' responsibility to represent their members' interests, and accepts its legal obligation to disclose relevant information for collective bargaining and consultative processes.

The trade unions recognise:

- management's responsibility to plan, organise and manage the activities of YDH board to achieve the Business Plan and fulfil the objectives determined by YDH board
- their role as staff representatives in their discussions with managers
- that YDH has a responsibility to keep employees directly informed of its activities without removing the requirement under this Agreement to negotiate and consult through recognised processes on appropriate matters.

### 4 Policy in practice

#### 4.1 Negotiation process

While this policy establishes an overall framework for consultation and negotiation and for the provision of information, for those issues requiring negotiation, YDH and trade unions agree that it is in their mutual interest

**“The recognised trade unions have the right to represent their members on all matters for which recognition has been given within this and other HR policies”**

to adopt a negotiating process that promotes good employment relations through which issues may be considered and resolved.

Within this process, matters will be negotiated at JCNC until agreement is reached or a “failure to agree” is recorded.

If an agreement is not reached through this process, the matter may be referred by mutual agreement to the Advisory, Conciliation and Arbitration Service (ACAS).

The “status quo” (ie the suspension of the action causing the concern) will not apply if:

- an administrative error in the application of employee terms and conditions has been detected
- it is considered that the maintenance of “status quo” might be detrimental to the health, safety and welfare of patients, staff and members of the public.

#### 4.2 Recognised trade unions

YDH will consult and negotiate with those organisations listed on page 151. YDH may consider recognising additional trade unions in the future if appropriate.

The recognised trade unions have the right to represent their members on all matters for which recognition has been given within this and other HR policies.

YDH recognises that, from time to time, staff representatives will have a duty to disclose confidential information to their full-time union officers.

#### 4.3 Trade union representative appointments

The procedures for electing trade unions representatives and officials will be determined by the trade unions, in line with any relevant legislation. The trade unions will provide representatives with written union credentials and, under this agreement, will inform the Head of Workforce Performance and OD or the Head of Operational HR of the names of each accredited representative.



YDH acknowledges the trade unions' right to accredit any member as a representative of the trade unions. Equally, YDH reserves the right to request trade unions withdraw accreditation where the accredited representative's conduct is deemed by YDH not to be conducive to good industrial relations.

Accredited representatives will abide by their current conditions of employment and will be afforded facilities as set out below.

**“YDH reserves the right to request trade unions withdraw accreditation where the accredited representative's conduct is deemed by YDH not to be conducive to good industrial relations”**

In the event of disciplinary action against an accredited trade union representative, they will have the opportunity to be accompanied by full-time officers in connection with any disciplinary hearing.

#### **4.4 Time off and facilities for trade union representatives**

YDH will provide trade union representatives with reasonable time off to undertake the duties of their role, including training. Usually this will be about three hours per week. Additional time off for specific roles or projects will be negotiated as appropriate.



Trade union representatives may be asked to undertake additional trade union duties, such as policy review meetings and job evaluation panels.

YDH will provide facilities for trade union representatives to conduct their affairs, including a room, computer, printer, phone and lockable cabinet. The facilities provided under this agreement to any representative or official will be withdrawn if:

- the trade unions or individual representative notifies YDH in writing that they have ceased to be a member, representative or official of the trade union
- the representative ceases to be a YDH employee.

#### **4.5 Interpretation, variation and termination**

YDH and the trade unions party to this policy will give three months' written notice of their intention to withdraw from the agreement and the negotiation and consultation arrangements set up under its provisions. If either party seeks to vary or alter the terms of this policy, it must give the other party three months' notice and in the event of a "failure to agree", the procedure outlined in 4.1 will apply.

#### **Trade unions recognised by YDH**

For the purposes of negotiating and consulting, YDH recognises the following representative trade unions:

- British Association of Occupational Therapists
- British Association of Prosthetists and Orthotists
- British Dental Association
- British Dietetic Association
- British Medical Association
- British and Irish Orthoptic Society
- Chartered Society of Physiotherapists
- Federation of Clinical Scientists
- GMB
- Hospital Consultants and Specialists Association
- Managers in Partnership
- Pharmacists Defence Association
- Royal College of Midwives
- Royal College of Nursing
- Society of Radiographers
- UNISON
- UNITE



# Training

## 1 What this policy covers

**YDH is committed to developing a workforce that continuously strives to improve service quality.**

Education and training are key to developing and retaining a high-quality, well-motivated workforce, ensuring that staff:

- have the skills, knowledge and competence to perform their roles safely
- are as effective as possible in their roles, reflecting latest learning and best practice
- have the opportunity to realise their potential.

This policy applies to permanent, temporary, bank, return to nursing students, apprentices and volunteer staff, and seeks to support the above aims by:

- setting the strategic framework and detailing the minimum content requirements for corporate and local induction
- providing the framework arrangements for the design, planning, delivery, recording and evaluation of induction/statutory training
- outlining arrangements for monitoring attendance and following up on cases of non-attendance on induction or non-compliance with local induction
- defining the responsibilities of relevant staff groups for ensuring compliance with this policy.

## 2 Principles

- Staff training needs will be identified and delivered in accordance with our equal opportunities and inclusion principles.
- All staff will be supported to help them achieve their potential within current and future roles at YDH.
- Staff will be given protected paid time for statutory training. Where a staff member is withdrawn from

training to provide clinical cover, their manager should prioritise their attendance at the next training session.

## 3 Responsibilities

YDH has a legal responsibility to provide a safe and healthy environment for staff, patients and visitors, while ensuring that staff have the necessary competence to perform their roles.

Managers are responsible for ensuring that staff are aware of and are supported when participating in YDH's corporate induction and mandatory training programmes. They're also responsible for implementing local induction arrangements for their areas of responsibility.



## 4 Policy in practice

### 4.1 Identifying training needs.

This policy is designed to help you become the best you can by identifying and supporting your learning needs. The Academy is constantly reviewing the courses provided and how they are delivered to meet the needs of our people.

Your training and development needs may be identified from sources including:

- statutory requirements (eg health and safety legislation)
- professional regulatory body requirements (eg revalidation)
- YDH requirements (eg induction)
- skills required to undertake current role
- skills required for service delivery changes
- individual development.

### 4.2 Centralised training budget

The centralised training budget holds funds for all approved training. Application for funding is made through the Academy and further information can be found on the Academy pages of YCloud, the YDH staff intranet website. Here, you will also find the application form, funding guidance notes and the study agreement and learning contract.

Once the application has been completed and agreed (required for time-out of daily work rota), it must be returned or emailed to the Academy. Notifications will be sent when received and when a decision has been made.

If a staff member cannot attend an externally funded course, they will be responsible for informing the provider and may incur any costs associated with late cancellation or non-attendance.

Travel and accommodation costs for essential external and CPD courses will not be funded through the centralised budget. Staff may claim them through their line manager.



### 4.3 Evaluation

All training is evaluated and the results will be fed back via the Training Quality Assurance Group.

## 5 Induction

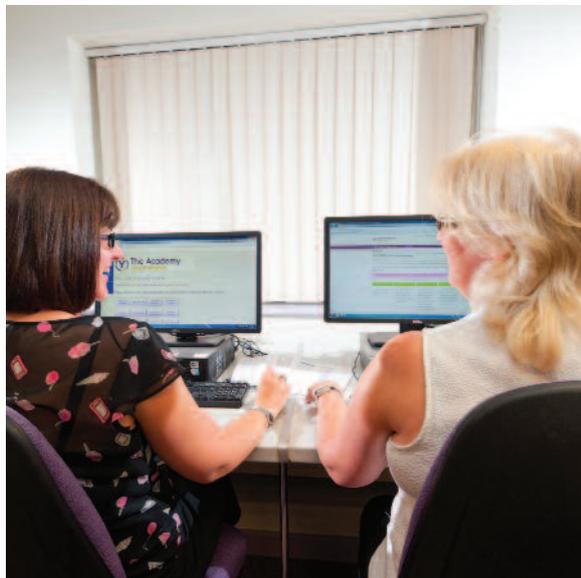
YDH's induction programme consists of two elements – corporate induction and local induction – and all new staff must attend the corporate induction programme as soon as practical.

### 5.1 Corporate induction

The programme detailing the minimum requirements for corporate induction can be found on the YCloud. It will be held over two days at least every month.

Staff will be booked onto the induction training programme by their line manager and will receive written confirmation from the Academy confirming the date and programme.

If staff fail to attend their scheduled induction date, they will be automatically booked onto the next date and notified in writing by the Academy. The Academy will also inform the manager so that they can discuss the reasons for non-attendance with their team member.



### 5.2 Local induction for permanent staff

In addition to the YDH corporate induction programme, all permanent staff that are new in post or change to a new department must undergo a planned local induction specific to their role, team, and area of work. We expect the local induction programme to be completed within six weeks of starting a post.

The heads of department and line managers should identify the local induction requirements and a checklist detailing the minimum requirements for permanent staff local induction can be found on the HR Policy Forms section on YCloud.

### 5.3 Local induction for temporary staff

All agency/locum staff are selected for temporary work at YDH through registered agencies. The agencies should ensure individuals are competent to work and that their mandatory training meets the terms of their YDH service contract.

All local induction information, documentation and booklets for agency nurses and locum medical staff recruited to work temporarily at YDH can be found on the temporary staffing intranet site.

### 5.4 Medical staff in training positions

Medical staff in training positions will be told about specific arrangements at appointment and they must attend the programme that has been authorised and agreed by the Medical Director for Education. The

**“All permanent staff that are new in post or change to a new department will be required to undergo a planned local induction specific to their role, team and area of work”**

Yeovil Academy administrator for medical education will advise doctors unable to attend the agreed medical induction programme that they must attend the next available YDH corporate induction programme. The Foundation Programme Director will inform the HR medical staffing lead of any non-attendance.

### 5.5 Volunteers

Volunteers must attend a specifically planned induction and mandatory training course arranged through the Head of Patient Services with whom any issues of non-attendance will be raised.

## 6 Statutory training

Staff must do their statutory training as identified in their ESR account (please contact the Academy if you need help). This is a legal requirement and it is the staff member's responsibility to keep themselves up to date.

Staff may undertake face-to-face training or e-learning, depending on their preference and training required.

If staff are out of date with their statutory training, they may not progress through their payband or be entitled to CPD training.

The Academy will develop a regularly reviewed training prospectus, bringing together all relevant information for staff into one document. It will also publicise the dates and timing for induction and statutory training. The ESR system will remind staff when their statutory training is due.

## 7 Essential training

Essential training is a term we use to describe training which is essential for a role and is defined by regulatory bodies. Information regarding essential training can be found on the Academy's YCloud pages.





“For any information regarding training and development, please contact the Academy”

#### 7.1 Recording of essential training

All essential training will be recorded by the Academy. External courses meeting the essential training criteria can be logged, providing certificates and course content are brought into the Academy, agreed by the training staff as appropriate and recorded.

#### 7.2 Additional essential training

Our essential training is not an exhaustive list and additional training may be required as agreed by your line manager or regulatory body. Additional training can be recorded, where evidence is provided.

## 8 Mentorship and coaching

YDH will support staff by offering an opportunity to access both mentoring and coaching. Staff wishing to access this should contact the Head of Education and Development at the Academy.

For nursing and midwifery mentorship, please see the guidelines on the Academy YCloud pages.

## 9 Continuous professional development

The Academy provides a huge range of continuous professional development (CPD) opportunities for all staff, regardless of grade or job role. This includes leadership and management (internally and externally), vocational courses and other clinical practice programmes.

## 10 Career Advice

YDH is totally committed to supporting staff and helping them develop in their careers and become the very best they can be.

No matter what your role is, if you wish to seek advice on your career, please contact the Academy who would be pleased to help you.





# Travel and expenses

## 1 What this policy covers

**This policy sets out the travelling and subsistence rates payable to all YDH employees, plus non-executive directors, volunteers and governors.**

YDH has adopted Agenda for Change Terms and Conditions of Service and Medical and Dental Terms and Conditions for this purpose.

This policy will help you to understand what you may and may not claim. It will also provide managers with guidance on authorising claims and minimising risk of fraudulent claims.

This policy should be read in conjunction with YDH's Vehicle and Driving Policy (see page 161), which can also be found on the Human Resources Policy section of YCloud (the YDH staff intranet site).

## 2 Definitions

### Expenses

The costs incurred by you while on official business for YDH, as covered by this policy. This may include, but is not limited to, travel costs, accommodation and subsistence.

### Mileage

The amount you can claim for each mile travelled when using your vehicle on YDH business.

### Subsistence

Expenses such as food, drink and accommodation incurred while you are away from your permanent workplace on YDH business.

### Private car users

Employees are classified as a "private car user" if they are not eligible for a lease car. Under this classification



**“Allegations of fraudulent claims will be reported to the Local Counter Fraud Specialist and be dealt with under YDH's Anti-Fraud, Bribery and Corruption Policy and Disciplinary Policy”**

you will be entitled to standard business mileage rate, which is dependent on the engine capacity and/or the total annual business miles.

## 3 Principles

- YDH will reimburse reasonable costs incurred by all employees fulfilling their duties.
- Adherence to this policy will ensure you are appropriately reimbursed for expenses incurred while on YDH business.
- All claims must be appropriately authorised.
- Allegations of fraudulent claims will be reported to the Local Counter Fraud Specialist and dealt with under YDH's Anti-Fraud, Bribery and Corruption Policy and Disciplinary Policy.



## 4 Responsibilities

Anyone who has a concern has a responsibility to inform the Counter Fraud service.

### Chief Finance and Commercial Officer

The Chief Financial and Commercial Officer has executive responsibility for this policy.

### Directors

Directors are responsible for ensuring the consistent application of this policy and for ensuring appropriate managers are authorised signatories for authorising expense claim forms. They must also seek guidance from Counter Fraud where fraud is suspected.

### Managers

Managers are responsible for authorising travel expenditure and must confirm that claims represent a valid business expense. When verifying and authorising expense claim forms they must ensure that claims are accurate, with appropriate supporting paperwork submitted with each claim.

Where an employee's role requires them to travel on YDH business, and the employee uses their private car to do so, the manager will verify the employee's vehicle documentation. This should be undertaken annually.

### Employees

Employees should get their manager's approval for proposed travel on YDH business, including reason for travelling, date of traveling and approximate travelling expenditure. Employees should be aware of the relevant rules before incurring costs and submitting claims. Employees should ensure that any claim is made accurately and in a timely way in accordance with this policy.

**“Employees should obtain their manager's approval for proposed travel on YDH business and should be aware of the relevant rules before incurring costs and submitting claims”**

Employees will alert their manager and payroll if they have received any overpayments in connection with



their pay and expenses, and will make arrangements to repay. Employees who dishonestly retain overpayments may be guilty of theft.

## 5 Policy in practice

### 5.1 Claiming expenses

To claim vehicle mileage expenses under this policy you must have:

- insurance for business use for the vehicle used
- a valid MOT certificate for the vehicle used
- a valid driving licence for the type of vehicle used.

You must claim using the e-expenses system and more information can be found on the Payroll pages of YCloud.

Receipts must be submitted with the claim. YDH reserves the right not to reimburse expenses if no receipt or proof of payment is submitted and attached to the claim. The Chief Finance Officer or one of his team will arbitrate in cases of dispute.

You can normally only claim expenses that relate to you personally. However, in the case of meals or shared taxis, the most senior person should normally pay and obtain a receipt. The expense claim should state the names of others covered by such a claim.

Volunteers and governors wishing to claim expenses should also refer to the relevant sections overleaf.

### 5.2 Authorising Claims

All claims must be appropriately authorised for payment

Claimant	Authorised by
Chairman	Chief Executive
Non-Executive Director	Chairman
Chief Executive	Chairman
Directors	Chief Executive
Employees reporting to a Director	Director
All other employees	Line manager
Volunteers	Supervising Manager and Volunteer Manager
Governors	Company Secretary

as shown in the table above. Authorised signatories are responsible for verifying claims and should scrutinise claims prior to authorisation.

### 5.3 Payment of claims

Claims are reimbursed by the Payroll Department or by other means as determined by the Chief Financial and Commercial Officer. Claims for the Chairman, Non-Executive Directors, volunteers and governors, will normally be reimbursed directly to their bank accounts by BACS, unless they are already on the payroll.

Approved claims should be submitted by the seventh day of the month if they are to be paid that month. Authorised claims should be submitted for payment within three calendar months following the end of the month in which they were incurred. Claims received after this time may be denied.

### 5.4 Excess travel

You are eligible for excess travel expenses if you are required to change your base as a result of a merger of NHS employers, organisational change or your acceptance of another post as an alternative to redundancy. If you travel by private car or motor cycle, this is payable for a period of up to four years at public transport/lease car mileage rates, and is subject to tax and National Insurance deductions.

Excess mileage is defined as the mileage from the employee's home to their new base and return, less the mileage from employee's home to their old base and return. Where an employee travels by public transport, the excess will be calculated using excess bus fares or standard rail fare payable.

### 5.5 Telephone expenses

#### ■ Mobile phones

If you are issued with a YDH mobile phone you may be required to reimburse the cost of private calls.

#### ■ Telephone calls on private phones

If you need to make a business call on your private phone and wish to claim, an itemised telephone bill should be submitted with the claim form.

### 5.6 Volunteer expenses

The cost of parking charges or public transport fares will be reimbursed to volunteers.

### 5.7 Governor expenses

Reasonable travel and subsistence fees will be paid as detailed in subsequent pages.

### Business mileage rate

This is defined as mileage rate paid to users who use



## Travel and transport expenses

their own vehicles for official journeys (as defined by Agenda for Change Terms and Conditions and Medical and Dental Terms and Conditions). This does not apply to lease car users.

Except for Non-Executive Directors, claims for business mileage will only be reimbursed for miles travelled in the performance of the employee's duties that are in excess of the home-to-agreed-work-base return journey. Non-Executive Directors may claim mileage from home to work.

Where the journey starts at a location other than the work base (eg home), mileage will be reimbursed as set out below. In this example, the distance from the employee's home to their work base is 15 miles.

Journeys that count as business mileage for both tax and National Insurance contributions are:

- those made when undertaking the claimant's job, for example, if the claimant travels from their workplace to visit a patient or client and uses their own vehicle
- those made to or from a place the claimant has to attend to do their job, for example, if the claimant travels directly from home to attend a meeting. (However, this would not be claimed, if the journey is practically the same as their ordinary commuting journey. For example, if the meeting location is not far from their base.)



### Hire cars

If you need to hire a car, this must be approved by your head of department. An economy vehicle should be used.

### Mileage for on-call duties

On-call mileage is defined as occasional travel from home to a permanent place of work unexpectedly or in an emergency. If you are eligible for on-call mileage, this is payable at standard or regular user rate and is subject to tax and National Insurance contributions. However, on-call mileage payable to emergency leads (the doctor with lead responsibility for the emergency situation) is exempt from tax and National Insurance contributions.

Outward journey	Distance	Eligible miles
Home to base	15 miles	None
Home to first call	Less than 15 miles	Eligible mileage starts after 15 miles have been travelled (therefore nil eligible miles)
Home to first call	More than 15 miles	Eligible mileage starts from home, less 15 miles
Return journey	Distance	Eligible miles
Last call to base		Eligible mileage ends at base
Last call to home	Less than 15 miles	Eligible mileage ends 15 miles from home
Last call to home	More than 15 miles	Eligible mileage ends 15 miles from home

**Public transport**

You should try to minimise travel costs incurred and this means taking advantage of cheap fare deals (eg budget airlines, special offers, using rail cards, non-flexible tickets, day returns or season tickets, etc) where possible.

**Rail travel**

You should normally use standard class travel and tickets should be booked in advance where possible to obtain maximum discount. You must supply rail travel tickets when making claims to confirm the destinations travelled to. Receipts need not be supplied if the full cost of the rail travel is shown on the tickets.

**Taxis**

Appropriate use of taxis is permitted. As a general guide it will be approved where:

- a reasonable distance is undertaken (eg city centre rail station to place visited)
- two or more people share a taxi, making the journey cheaper than by public transport
- personal security is an important factor (eg if late evening travel is necessary)
- where use of public transport was not practicable.

**Air travel**

Short-haul and domestic flights should be in economy class. Flight times lasting more than four hours must be approved in advance by an Executive Director. You should ensure that you use the most cost-effective means of air travel (eg using a budget airline). These rates are subject to national change and the latest rates are available online via the relevant Pay Circulars section of the NHS Employers website.

## Subsistence allowances

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**Short overnight stay in a hotel**

Hotels/guest houses may be booked when:

- an employee undertakes YDH business for more than five working hours away from their home or
- when the journey time including the business to be conducted exceeds 12 hours or
- where agreed by an Executive Director.

Employees should try to minimise the cost of overnight stays and take advantage of cheap deals.

The actual receipted cost of bed and breakfast is up to a normal maximum limit of £80 per night including VAT outside Central London and £140 per night including VAT in Central London (defined as within transport zones 1 and 2), plus a meal allowance of £25 per night including VAT to cover a main evening meal and one other daytime meal (where meals are not provided). YDH will not reimburse for personal entertainment, for example, pay-to-view TV or mini-bar bills. Reimbursement will not normally be made for any alcoholic drinks purchased.

Where the maximum limit is exceeded for genuine business reasons, such as the choice of hotel was not within the employee's control or cheaper hotels were

fully booked, additional assistance may be granted at the discretion of a director, or where delegated authority is given by a manager reporting to a director.

**Short overnight stay in non-commercial accommodation**

A flat rate of £25 is payable for short overnight periods with friends or relatives when away on YDH business. An employee staying in accommodation provided free is entitled to claim an allowance up to £25 per day to cover meals not provided free of charge. When accommodation and meals are provided free of charge an incidental expense allowance of £4.20 per day will be payable. This is subject to tax and National Insurance deductions.

**Day meals subsistence allowance**

A lunch allowance of £5 may be claimed if the claimant is more than five miles away from their base, including the period between 12 noon and 2pm, if a meal is not provided free of charge.

An evening meal allowance of £20 when away from base for more than ten hours and unable to return to base or home before 7.00 pm, if a meal is not provided free of charge. There may be some circumstances when an employee could qualify for both allowances.



# Vehicle and driving

## 1 What this policy covers

This policy outlines YDH's expectations and your responsibilities when driving a vehicle provided through YDH (ie lease car) or your own vehicle for business purposes. It also highlights the actions that you must take to ensure you drive safely.

This policy should be read in conjunction with your own personal car insurance policy and if you have a lease car, the terms and conditions of the lease car contract

## 2 Principles

Where reference is made to use of your own vehicle for business purposes, this does not include commuting to and from your place of work. However, the responsibilities listed below apply to all driving.

## 3 Responsibilities

When using a vehicle for business purposes you are responsible for ensuring:

- the vehicle is roadworthy and does not pose a risk to other users. Under no circumstances should you drive a vehicle that is not roadworthy, does not have a valid MOT or is illegal to drive
- you hold a full and valid driving licence that permits you to drive in the UK, with no relevant restrictions

**“You must not use a mobile phone, including a hands-free phone, while driving. Mobile phones should only be used when the vehicle has been parked in a safe place and the engine has been switched off”**



- you have valid insurance that covers the required level of business use (you will need to check this with your insurance company)
- you do not drive if you have health problems that may affect your ability to drive
- your health and safety and that of your passengers and/or other road users
- you drive in a safe, lawful and efficient manner, paying due regard to all traffic and weather conditions
- you must use the most direct route where possible when carrying out your duties and you should advise management of any problems or delays that could affect the scheduling for that day.

## 4 Policy in practice

### 4.1 Mobile phones and driving

You must not use a mobile phone, including a hands-free phone, while driving. Mobile phones should only be used when the vehicle has been parked in a safe place and the engine has been switched off. You should divert calls to voicemail so that messages can be left while you are driving and picked up when it is safe to do so.



#### **4.2 Driving under the influence of alcohol or drugs**

You must not drive on business while you are under the influence of alcohol, illegal drugs or prescribed drugs if the prescribed drug has any potential effect on your fitness to drive.

#### **4.3 Using your own vehicle when on duty**

If you use your own vehicle when carrying out your duties, it is your responsibility to ensure that your vehicle is roadworthy and properly taxed and that your vehicle insurance cover extends to business use. Your manager may require you to provide evidence of compliance.

**“It is your responsibility to ensure that your vehicle is roadworthy and properly taxed and that your vehicle insurance cover extends to business use”**

#### **4.4 Travel expenses**

You will be reimbursed for travel undertaken as part of your business duties in line with current YDH policy.

#### **4.5 Driving offences**

If you are charged with or convicted of a driving offence or if your driving licence is endorsed and you use your own vehicle for business purposes, you must report this to your manager.

If you are disqualified from driving and you are required to drive for all or part of your job, you must inform your manager immediately. YDH reserves the right to terminate your employment if it is deemed appropriate.

Driving-related fines are your responsibility, whether or not they were incurred in the course of undertaking your duties for YDH. You must pay these as soon as is reasonably practicable.





# Work experience

## 1 What this policy covers

YDH is committed to providing opportunities for work experience for people to undertake unpaid work to:

- gain practical experience
- develop workplace skills
- increase self-confidence
- increase understanding of the work involved within a particular field
- develop a greater understanding of work-life issues.

This policy explains how applications for work experience should be made and managed, and the responsibilities of YDH and individuals during placements.

Further information and guidance can be found in the Health & Safety at Work Act 1974, the Management of Health & Safety Regulations 1999, *HSE Managing Health & Safety on Work Experience: Guide for Organisers* HSG 199.

## 2 Principles

- Application of this policy will be made in line with YDH's Equality and Inclusion and iCARE principles.
- YDH aims to offer a practical and meaningful experience that meets the agreed expectations of both the individual and the organisation and to provide a supportive environment to those on placement.
- Individual employees of YDH are not permitted to arrange personal programmes for individual students.

## 3 Responsibilities

The Work Experience Coordinator is the liaison between YDH and local work experience sponsors and is

“YDH aims to offer a practical and meaningful experience that meets the agreed expectations of both the individual and the organisation and to support those on placement”

responsible for coordinating and advising on all work experience placements at YDH and ensuring that:

- appropriate risk assessments are undertaken in respect of all placements
- all documentation/records are completed and kept
- where required, DBS checks are undertaken
- candidates complete the YDH induction programme
- all placements are evaluated.

Managers are responsible for ensuring that:

- all requests for work experience are referred to the Work Experience Coordinator
- the experience offered is meaningful and appropriate to the work experience candidate
- placements within the department do not cause undue interference with its efficient working
- an appropriate risk assessment is undertaken prior to the placement commencing and that work experience candidates are made aware of all relevant health and safety requirements identified.

All staff are responsible for ensuring that:

- they are aware of the health and safety requirements relating to students on placement in their areas of work and the need for appropriate supervision
- the dignity and confidentiality of patients is preserved at all times
- any concerns are raised promptly with the manager or Work Experience Coordinator.

Work experience candidates are responsible for ensuring that:

- they adhere to YDH policies and procedures
- They maintain the respect and confidentiality of patients at all times.
- they only undertake those duties agreed for the placement.

## 4 Policy in practice

### 4.1 Application/eligibility

- This policy applies to all areas of the hospital that may accommodate students on work experience.
- Only students in their last two years of compulsory schooling or students on post-16 courses will be accepted onto the scheme.
- Students aged 17 or above interested in a career within a clinical environment may apply to undertake a Healthcare Experience Programme.
- Students below the age of 17 are only eligible to undertake a rotational work experience programme within non-clinical areas of YDH.
- To undertake a placement in Radiology the student must be aged 17 or over.

### 4.2 Duration of placements

Requests for placement will be considered case by case, to be agreed by the Department, Work Experience Coordinator and work experience candidate.

As a general rule placements will:

- not exceed two weeks
- be worked on weekdays, Monday to Friday
- not exceed eight hours a day
- placements in Radiology will be for a maximum of three days.

### 4.3 Areas of placement

#### Non-clinical

**Secondary school students:** participating areas will agree their schedule as part of the programme with the Work Experience Coordinator. (WEC) Changes will be discussed and made by the WEC.

**FE college and HE institute students:** areas of placement are dependent on course requirements and agreement from the manager.

Placement opportunities are available within some departments including finance, the Academy, admin and clerical, Human Resources, medical secretaries, IT, logistics, catering, plumbing, electrical, gardening, carpentry, and the Queensway Treatment and Rehabilitation Unit. Additional areas can be agreed with the WEC.

#### Clinical

Work experience candidates wishing to undertake a placement within a clinical environment may apply to complete a Healthcare Experience Programme.

Areas participating in this programme will agree their schedule as part of the programme with the WEC. Review and revision of the programme will be in liaison with the WEC.

Placement with an individual healthcare professional may be possible by discussion with the WEC.

Clear boundaries of what is acceptable activity for the person on work experience to undertake must be identified prior to each placement. They must be supervised at all times by an appropriate staff member.

The work experience candidate may only engage with patients once consent has been gained from each patient. Due care and consideration must be given to the information and procedures to which the student may be exposed, to ensure absolute patient privacy, dignity and confidentiality at all times.

Work experience candidates are not permitted to give intimate personal direct care (eg washing).

Placements will not be offered within Maternity, theatres, ICU or the Emergency Department due to the nature of the clinical activity within these areas.

**“Requests for placement will be considered case by case, to be agreed by the Department, Work Experience Coordinator and work experience candidate”**





# Working from home

**Working more flexibly may benefit you by giving you a more favourable work-life balance, while it can also help YDH to better manage space and resources. This policy provide guidance and support when considering working-from-home arrangements, whether long or short term.**

YDH may ask you to work from home and will explain the reasons for this to you. If this is the case, reasonable costs of working at home can be claimed back. You should speak to your manager to agree them before claiming. You must ensure that all claims are evidenced and processed using YDH's expenses system.

## Principles

Homeworking will be accommodated if a manager and employee agree that homeworking is safe, appropriate and effective. All relevant YDH policies will apply in the same way to those working at home.

## Responsibilities

YDH will ensure that applications for homeworking are managed consistently and effectively.

- Your manager will approach applications to work from home positively.
- The HR and Health and Safety teams are responsible for providing advice and support to you and your manager through this and associated policies to support you to work from home safely and effectively.
- Every YDH staff member must adhere to this policy.
- You are responsible for alerting your manager at the earliest opportunity if you are aware of changes to your health and wellbeing that may impact your ability to do your job.

## Policy in practice

Options for homeworking:

- working from home permanently
- working flexibly both at home and at YDH
- Working from home as part of a return-to-work plan or reasonable adjustments being made.

### Requesting a meeting to discuss WFH

You or your manager can raise the option of working from home. You should discuss how this may work in relation to your job using the Working from Home Checklist to support the conversation and help reach an agreement.

Consideration should be given to:

- the impact on service delivery
- the impact on other staff/departments
- any financial impact
- any impact on your health, safety and wellbeing
- suitable IT equipment and software needed, as well as dedicated workspace.

## Health and safety

When you are working from home we will ensure, so far as is reasonably practicable, your health, safety and welfare are maintained. Therefore, you must complete a working from home risk assessment, including a checklist for display-screen equipment. The Health and Safety team will be able to advise and support you to complete this and discuss any potential risks or concerns. If there are significant risks that cannot be rectified, homeworking may not be suitable.

If working from home is agreed, you should maintain your workstation and surroundings, taking account of the advice provided and agreed during the assessment process. In the unfortunate event of an accident,



incident or dangerous occurrence, please notify your manager immediately by telephone and then complete the appropriate accident/incident form.

### Supporting health and wellbeing

It is important that your wellbeing is supported when you are working from home. This includes being part of a team and ensuring regular communication and support. It is also important that you consider how to maintain your own health and wellbeing while working from home. Your manager will discuss this with you during the working-from-home assessment meeting and will regularly review this with you. If you or your manager would like to discuss any concerns, contact the HR team for further advice.

### Sickness absence reporting

The normal sickness policy and absence reporting will apply if you cannot work because of sickness. Please contact your manager/nominated other as soon as possible if you become ill while homeworking.

### Trial period

A trial period is recommended in the first instance, to see how effective working from home is for you, your role and the team/department. You and your manager will meet at the end of the trial period to discuss the effectiveness and agree if it will be a long-term/ permanent agreement.

After a trial period, if you or your manager do not believe working from home is beneficial or appropriate, you will discuss and agree arrangements for returning to work at YDH. In some cases, this may mean arrangements need to be put in place before you can return to work at YDH.

### Security and confidentiality

If you are working from home, relevant YDH policies, procedures and rules continue to apply. Therefore, it is important that you can continue to follow expected security and confidentiality protocols as if you are working at YDH. Any breach should be reported to your manager as soon as possible.

### Implications for tax and insurance

Working from home may affect your personal tax or insurance. You should speak to your financial advisor, HMRC or your insurance provider if you think this may apply to you. YDH cannot accept any responsibility for invalid insurance or tax implications.

### Supporting the costs of working at home

YDH may ask you to work from home and will explain the reasons for this. Reasonable costs of working at home can be reclaimed. Agree them with your manager before claim. You must ensure all claims are evidenced and processed using YDH's expenses system.

You may be able to apply for tax relief for additional household costs if you work from home regularly, either all or part of the week. You cannot claim if it is your choice to work from home. Visit Gov.uk to find out more and apply online:

 [www.gov.uk/tax-relief-for-employees/working-at-home](https://www.gov.uk/tax-relief-for-employees/working-at-home)

### Reviewing the agreement to work from home

A review and evaluation of working from home will be completed during your appraisal. This will include conversations about any effects on your health and wellbeing. Regular conversations on how you are managing working from home should also be part of routine discussions with your manager. This will ensure that if there are any problems or concerns they are addressed as soon as possible.

### Ending working from home

If circumstances or the needs of the service change, or if it is determined that the arrangement should end for another reason, your manager will discuss this with you and you'll receive reasonable notice to return to working at YDH. If you wish to appeal this decision, you may use the YDH Grievance Policy. If you do not wish to continue working from home and this has been in place for some time, you should arrange to meet your manager to discuss possible options for returning work at YDH.

### Senior medical staff

Senior medical staff are expected to work in a flexible and responsive way that allows them to react to changing service demands and professional goals. This will be set out in their job plan, which will be reviewed at least once a year. The agreed job plan will record any mutual agreement that a doctor can work for any proportion of their contracted hours from home. The same principles, as set out in this policy, will apply to any such decisions.

### Review and monitoring

This policy and procedure will be monitored and reviewed each year by the HR Department.





# Working hours

## 1 What this policy covers

**This policy, which applies to all staff (except medical and dental staff, who are covered by a separate national agreement), details the conditions that apply to working practices to ensure compliance with the Working Time Regulations (WTR).**

It is expected that in most areas of everyday working practice, the regulations and the nationally determined agreements and guidance provide information to enable management and staff to ensure that their working practices comply with the regulations. However, some matters require local interpretation and local collective agreement, and this policy will provide appropriate local guidance to ensure comprehensive compliance with the regulations.

Further information about the Working Time Directive, Regulations and guidance can be found by visiting the following websites:

- 🔗 [www.acas.org.uk](http://www.acas.org.uk)
- 🔗 [www.direct.gov.uk](http://www.direct.gov.uk)



Staff undertaking work in addition to their post at YDH should also read the Secondary Employment Policy (see page 125), and are reminded that under the terms of the policy they must inform their manager if they are undertaking work outside of YDH.

## 2 Principles

- In accordance with the regulations and this policy, no YDH staff member will suffer through seeking to enforce their legal rights within the regulations.
- The intention of this policy is to ensure that the health and safety of employees is not compromised by the pattern or duration of hours they work.

## 3 Responsibilities

- YDH is responsible for ensuring compliance with this policy and with the directions on interpretation of the Regulations contained within (GC) 3/98, and will also make reference to Health Service Circular 1998/204.
- YDH will identify and seek agreement, from individuals or via collective agreement as appropriate, for the use of the available exceptions or exemptions to enable working patterns that meet YDH's operational needs, while not compromising health and safety.
- YDH managers and heads of department are responsible for ensuring the practical application of this policy at a local level.
- All staff are required to comply with YDH reporting and record-keeping procedures relating to this policy.

**“All staff are required to comply with YDH reporting and record-keeping procedures relating to this policy”**



## 4 Policy in practice

### 4.1 Record-keeping

Where required by the regulations, YDH designed methods of record keeping will monitor compliance in relation to:

- maximum weekly working time
- rest breaks
- daily rest
- weekly rest periods
- night work.

These records may be required for inspection by the Health and Safety Executive or union representatives. Information regarding the recording systems and forms used is available from Human Resources and on the HR Policies Forms section of YCloud (the YDH staff intranet site).

### 4.2 Maximum weekly working time: reference period

The maximum average working week for all staff covered by this agreement is 48 hours per week, inclusive of hours worked while on call.

The reference period over which average hours will be calculated will be 17 weeks. This agreement will be in accordance with 23(b) of the regulations.

The reference period will determine, for the purposes of the regulations, whether or not hours worked are more than those specified in the regulations. YDH will work to ensure that staff do not work more than 48 hours on average over any period of four weeks or more.

Advance Letter (GC) 3/98 confirms that you may choose to agree to work more than 48 hours averaged over a 17-week period. This guidance also contains an option for you to later change your decision of agreeing to work more than 48 hours.

The decision to exercise this option is an individual, voluntary one and no pressure should be placed on you to take this option. Each agreement may either relate to a specified time period or apply indefinitely and should be recorded in writing using the form, which can be found on the Human Resources Policy Forms section of YCloud (the YDH staff intranet site).

To end any agreement you must give written notice to YDH. This can take the form of a previously specified notice period of up to three months written in any agreement or, if no notice period is specified, only seven days' notice would be required. Records of such agreements must be kept and be made available to locally recognised unions.

Working time will include time taken for training purposes, civic and public duties, health and safety and trade union duties.

### 4.3 Night work

The "night period" is defined as 11pm to 6am and staff who regularly work at least three hours during the "night period" are "night workers".

Night workers who deal with special hazards or whose work involves heavy mental or physical strain should not work longer than eight hours on average in any 24-hour period, calculated over a period of 17 weeks. Staff cannot opt out of this limit.

At the time of finalising this policy, no area has been identified within YDH where night workers face hazards of the type described above.

Should you or your accredited safety representative draw to the attention of YDH working conditions within your area that may fall within the description of "special hazards or heavy physical or metal strain" during the night work period explained previously, YDH will undertake an appropriate risk assessment.

Where the conditions found indicate action to be necessary, YDH will consider whether arrangements can be made to reduce risk. Where this is not possible or reasonably practical, the length of each shift worked by night workers doing the work in question in that area will be limited in accordance with the regulations to no more than eight hours in any one 24-hour period

Should particular types of work be identified at national level as falling within these criteria, similar action will occur.



#### 4.4 Breaks

##### Minimum rest breaks between shifts

You should normally have a rest period of not less than 11 hours in each 24-hour period.

Where full daily rest cannot be taken because a worker is changing shifts, YDH will make arrangements to allow equivalent compensatory rest. In exceptional circumstances, where this is not practicable because of the contingencies of the service, daily rest may be less than 11 hours. In these circumstances, records should be kept by the employer, which will be available to locally recognised unions.

Local arrangements should be agreed to ensure that a period of equivalent compensatory rest is provided. Any proposed regular amendment to the minimum daily rest period must be agreed with locally recognised unions. In some emergency situations, compensatory rest may not always be possible. A standard form for the recording of rest periods can be found on the Human Resources Policy Forms section on YCloud.

##### In-work breaks

Where the working day is longer than six hours, you are entitled to take a break of at least 20 minutes. Rest breaks must be taken during the period of work and should not be taken either at the start or the end of a period of working time.

You should be able to take your rest break away from your workstation. In exceptional circumstances, and with your agreement, where your rest break cannot be taken, the unused entitlement should be claimed as a period of equivalent compensatory rest. Line managers should ensure that provision is made to allow compensatory rest to be taken.

Existing local arrangements that already provide for breaks of more than 20 minutes (eg lunch breaks) will meet the requirements of this provision and no further action will be needed.

Where work is repetitive, continuous or requiring exceptional concentration, YDH should ensure the provision of adequate rest breaks as an integral part of its duty to protect the health and safety of its employees. In such circumstances the advice of Human Resources should be sought.

##### Off-duty breaks

You should receive an uninterrupted weekly rest period of 35 hours (including the eleven hours of daily rest) in each seven-day period for which you work for YDH. Where this is not possible, you should receive equivalent rest over a 14-day period, either as one 70-hour period or two 35-hour periods.

##### 4.5 Health assessment for night workers

Night workers are entitled to a regular and free confidential Occupational Health health assessment. YDH has developed an appropriate system of health assessment, which can be found on the Human Resources Policies Forms section on YCloud.

##### 4.6 Holiday pay

###### Bank staff

The statutory paid holiday entitlement was raised from 24 days to 28 days from 1 April 2009 under the Working Time (Amendment) Regulations 2007 (SI 2007/2079), which came into force on 1 October 2007.

Staff employed by YDH as bank staff within all occupational groups covered by this agreement will be entitled to holiday pay. Holiday pay for bank staff is calculated and paid regularly with each time sheet that is submitted.

###### Substantive staff

Staff employed on substantive and fixed-term contracts will be paid average contracted earnings as required by the regulations. This payment will be made regardless of the actual number of days of leave taken by the individual during the period concerned.

##### 4.7 Employing young people

A young person is defined as someone who is above school-leaving age yet under 18. Any young person working for YDH will therefore be 16 or 17 and special rules concerning them will apply.

A young person is entitled to take at least 30 minutes' break if their shift lasts more than 4.5 hours. Staff aged 16 and 17 will work no more than eight hours a day and 40 hours a week. A young person should have 12 hours rest between working days and two days off every week. A young person cannot opt-out of the Working Time Directive to work more than 48 hours a week.





# Medical policies





# Acting across and down

## 1 What this policy covers

**This policy outlines the circumstances in which YDH consultants may either “act across” or “act down” and the remuneration that will be made should this occur. This policy applies to all consultants working at YDH, full and part time, but it does not apply to associate specialists or staff-grade doctors.**

### Definitions

For the purpose of this policy only, a programmed activity worked when “acting across” is the total time spent covering an operating list or outpatient clinic or equivalent work in clinical support specialties, and includes any necessary administration time.

“On-call duty” is the period between 5pm and 9am Monday to Friday and 9am and 9am Saturday and Sunday.

“Acting down” for the purposes of this policy is the term used to describe YDH’s process where in exceptional circumstances a consultant is required to undertake duties that junior staff are contracted to perform, recognising the commitment required from consultants to maintain a safe emergency service.

## 2 Principles

The processes and decisions made in respect of the application of this policy will take account of YDH’s Equality and Inclusion and iCARE principles.

## 3 Responsibilities

The Medical Director has overall responsibility for ensuring that acting across or down is only undertaken in those circumstances outlined in the policy, and that the appropriate payments are made.

Clinical Directors and Business Managers are responsible for implementing this policy in their areas of responsibility. Consultants are responsible for complying with the conditions of this policy.

## 4 Policy in practice

### 4.1 Acting Across

Acting across occurs when consultants who have fulfilled their normal contractual NHS duties are requested to undertake additional NHS clinical activity over and above that agreed in their Job Plan.

These arrangements may apply when:

- a consultant is absent because of ill health or other emergency absences and cannot undertake their programmed activities and/or rostered on-call duty

or

- when a post is vacant and urgent direct clinical care programmed activities or on call allocated to the post, requires cover.



Additional work for consultants needs to be agreed by the relevant Clinical Director/Business Manager and will depend on:

- current workload and ensuring compliance with the Working Time Regulations
- number of consultants on the on-call rota being covered
- current Job Plan and flexibility to take on additional direct clinical care programmed activities.

Payment for acting across applies to cover of:

- on-call duty
- daytime direct clinical care programmed activities (must be worked outside direct clinical care programmed activities).

#### Conditions

Acting across to cover on-call will normally happen in exceptional circumstances when an absent consultant is on sick leave or for short periods to cover a vacancy.

Acting across to cover direct clinical care programmed activities that are essentially required to be undertaken will not normally be undertaken for more than six months and should not exceed 26 programmed activities during this period.

Consultants should not act across and cover any direct clinical care programmed activities other than outside the area of their own direct clinical care programmed activities as detailed in their Job Plan.

Covering out of hours on-call duty should not be undertaken if the consultant has been on-call the previous day or will be on call the following day.

If a consultant is acting across and is unable to continue with the cover of additional direct clinical care programmed activities, they must be allowed to give notice to terminate this arrangement. This will be discussed with the Clinical Director/General Manager.

## “Acting across arrangements should be authorised by the Clinical Director and Business Manager of the specialty concerned”

#### Remuneration

Consultants acting across and undertaking programmed activities in addition to their contractual commitments will receive payment, at their programmed activity rate, as follows:

- eight programmed activities for a 24-hour period covered on Saturday or Sunday
- five programmed activities for a 16-hour period covered 5pm-9am Monday to Friday
- 1.5 programmed activities for a direct clinical care programmed activity worked 9am-5pm when carried out during a supporting programmed activity.

#### Authorisation

Acting across arrangements should be authorised by the Clinical Director and Business Manager of the specialty concerned or Director On-Call, before the relevant activity takes place..

Authorisation for payment of the additional programmed activities covered by the consultant acting across will be sent to the Medical Personnel Department, which will send an Acting Across form to the consultant performing the additional programmed activities.

#### 4.2 Acting down

In exceptional circumstances it will be necessary for consultants to act down as middle or trainee grade staff where it has not been possible for the duties to be covered by other junior colleagues or a locum.

These circumstances are most likely to occur in those specialties with onerous on-call workload.

Acting down does not apply to:

- those elements of a consultant's duties which they undertake as part their normal contracted hours but which a more junior member of staff may be competent to undertake
- a need for increased telephone advice from home.

Specifically, acting down should not be confused with predictable emergency work as defined in the 2003 consultant contract.

While consultants clearly have a duty, under their terms and conditions of service and in line with standards of GMC's Good Medical Practice of continuing care to patients under their area of responsibility, a requirement to be resident on call is an activity outside those currently covered by their contract of employment.

Circumstances where acting down may be required include:

- failure to appoint a locum
- locum fails to turn up for work
- unexpected leave (eg compassionate, sickness, parental) or a requirement for a trainee to be taken off duty for other reasons
- unexpected requirement for a resident junior doctor to work offsite (eg while on inter-hospital transfers).

#### **Avoiding the need for consultants to act down**

Directorates and departments should:

- set up robust arrangements for management of leave and cover arrangements for doctors and dentists of all grades, also taking account of the impact of junior staff leave on the rota cover for other specialities
- ensure as part of the induction process that all doctors and dentists are fully aware of the procedures for booking all types of leave, reporting sickness absence, the person they should report to and the need for absence to be reported at the earliest opportunity
- develop their own processes appropriate for their specialities to notify relevant staff to decide suitable alternative contingency plans.

Wherever possible, junior staff should provide cover for the absence of a trainee. The Working Time Regulations for trainee doctors do not preclude their employment for extended hours or for a greater frequency of on call in exceptional circumstances. However, trainees who are too tired or for any other reason unable to provide safe cover should not be required to do so.

Consultants will only undertake resident on-call by mutual agreement. Where a consultant withholds agreement, the employer cannot require resident on-call commitment and this matter cannot be taken to appeal. In this event there will be no detriment to progression through seniority points or any other matter

#### **Procedure for seeking authorisation to act down**

The consultant on-call should contact the on call manager giving details of the problem and possible solutions, including:

- the reason there is an urgent need to act down
- details of the hours to be covered
- alternative options that have or may be considered (eg closure of the service or department, seeking assistance from others on-call/duty, etc)
- consideration of the ability of individuals concerned to provide safe cover
- consideration of issues relating to legal responsibility of patients admitted under their care.

**“If the consultant on call does not think that they can safely act down without additional on-call consultant cover, arrangements should be made for another consultant of the same speciality to provide back-up cover”**

If the consultant on call does not think that they can safely act down without additional on-call consultant cover, arrangements should be made for another consultant of the same speciality to be available to provide back-up cover.

The on-call manager should consider the following. Any decision to close a department must take account of:

- the implications for patients and staff concerned
- the possible implications for other specialities and/or NHS Trusts
- an assessment by the consultant of his/her own ability to provide safe cover.



**“The consultant acting down must claim payment or time off in lieu within three months of the event. Time off in lieu must be taken within six months of the event”**

If the impact or risk of closing a service or department is greater than keeping it open, it must not be closed.

If the closure of a service or department is being considered, this must be discussed with the Executive Director on call or the Medical Director.

The on-call manager will liaise with the on-call Executive Director or the Medical Director to agree cover arrangements and confirm arrangements with the consultant on-call. The on-call manager should email details of the agreed arrangements to medical personnel.

**Remuneration and compensation for acting down**

Consultants acting down for a period between 9am-5pm Monday to Friday (or during their “normal” working hours if different) will not receive additional remuneration or compensation if the steps outlined have been followed unless the consultant can demonstrate that they would not normally have been expected to be available for NHS activities during the period of acting down. During such a period, they will be eligible for time off in lieu equivalent to the time spent acting down.

A consultant acting down for a period between 5pm and 9am or at a weekend (unless this forms part of his/her standard commitment) required to either be resident on-call or participate in a shift system onsite, will be entitled to triple the hourly rate based on their own basic salary without any discretionary points or awards.

The option of equivalent time off in lieu or a combination of this with remuneration may be available, but must be agreed with the Clinical Director and discussed with the Medical Director if appropriate, and may be dependent on service delivery.

A consultant acting down for a period between 5pm and 9am or at the weekend (unless this forms part of his/her standard commitment) required to be on call from home is entitled to the single hourly rate based on their own basic salary without any discretionary points or awards.

If the consultant is called into the hospital or is required to be resident on call during this period, he/she is entitled to the triple hourly rate for every hour spent at the hospital. Travelling time to and from the hospital is claimed at the triple hourly rate. The option of equivalent time off in lieu or a combination of this with remuneration may be available, dependent on service delivery needs.

Following a period of acting down, the consultant must obtain the appropriate form from Medical HR and submit the completed form to the Medical HR Department.

The Medical Director will require the Clinical Director/ General Manager concerned to produce a brief report as to why the acting down was necessary and what measures were taken to avoid it. The pattern of acting down will be regularly monitored and reviewed. More detailed investigations will be held where there appears to be a pattern of “avoidable” incidents of acting down.

The consultant acting down must claim payment or time off in lieu within three months of the event. Time off in lieu must be taken within six months of the event.

**Managing other duties**

In the interests of patient safety, a consultant will be expected to have his or her clinical sessions cancelled and take time off in lieu the following weekday when, as a result of acting down, they have been required to:

- be resident on-call or work a shift pattern between 5pm and 9am
- spend more than four hours working in the hospital after midnight and before 8am (including travel time).

Where a consultant opts for financial remuneration rather than time off in lieu, they must be satisfied that they are mentally and physically able to continue safely with their normal duties.



# Job planning

## 1 What this policy covers

**Annual job planning is a contractual obligation for all consultant medical staff irrespective of whether they hold a 2003 national contract or a pre-2003 national contract. This policy has been developed to facilitate the local process.**

It will outline the responsibilities, principles and process involved in job planning to complement the following national documents:

- Terms and Conditions of Service for the Employment of Medical and Dental Staff (as relevant to both the 2003 and pre-2003 contracts)
- Consultant Job Planning – Standards of Best Practice.

This policy applies to all NHS consultants employed by YDH. “Lead employer” arrangements will apply for those consultants on joint appointments where the greater number of sessions are undertaken at a Trust other than YDH. For joint appointments, discussions will take place between the relevant Trust(s) and the consultant.



## 2 Principles

The process and decisions made in agreeing consultant job plans will take account of YDH’s Equality and Inclusion and iCARE principles

## 3 Responsibilities

The Medical Director has overall responsibility for ensuring all job plans are completed in an appropriate and timely manner. Consultants, their Clinical Directors and Business Managers are responsible for agreeing job plans. All consultants are responsible for contributing as required to YDH information systems used to record and monitor consultant activity.

## 4 Policy in practice

### 4.1 Job plan reviews

The Job Plan review must take place annually and given the similarity of the information required for the Job Plan review and appraisal, the timing and relationship between the two events should be considered.

The purpose of the Job Plan review is to:

- consider progress against objectives
- consider what has affected the Job Plan
- agree any changes to duties and responsibilities
- agree a plan for achieving personal objectives
- review the need for additional programmed activities
- review the relationship with other paid work and
- agree the support needed from YDH.

**“For joint appointments, discussions will take place between the relevant Trust(s) and the consultant”**



## “The terms and conditions of service for consultants and YDH’s general employment policies provide opportunities for flexible working”

### 4.2 Principles of job planning

All job plans will be agreed and reviewed by consultants with their Clinical Director and Business Manager.

All consultants must develop an individual Job Plan, based on either a regular cycle (weekly, monthly, etc) or on an annualised basis.

Job plans will be created to reflect prospective service and personal development needs. As a consequence, the Clinical Director is obliged to develop and propose the Job Plan for each consultant in the first instance. All activity (DCC and SPA) will be considered in a departmental context. Individual job plans must reflect departmental service obligations and plans equally.

YDH regards the working year as 42 weeks. Business Managers and Clinical Directors will prospectively agree activity data and specific information, which will be used to validate consultant activity when objectives are agreed.

It is expected that all consultants will contribute to YDH information systems as required to record and monitor consultant activity. Diary information will be considered as complementary, not sole evidence of consultant activity during job planning discussions.

### 4.3 Flexible working

The terms and conditions of service for consultants and YDH’s general employment policies provide opportunities for flexible working patterns. In agreeing flexible working arrangements, benefits to both the consultant and YDH must be determined.

There are a number of ways to apply flexibility within the contract. These are:

- team job plans
- varying the working day/week
- part-time working.

The contract allows for flexibility in the timing and location of a consultant’s PA (ie programmed activities). This is not an automatic right and must be specifically applied for prospectively and then agreed via the job planning process. All commitments (including private practice) must be timetabled in the Job Plan and should be worked as specified.

A flexible working pattern may be requested for various reasons. If a flexible working pattern cannot be agreed for a full-time consultant, they will retain the option of requesting a move to a part-time contract, which may be more suited to their needs.

### 4.4 Team job planning

A group of consultants may agree to develop job plans on a team basis, to deliver the clinical service as a whole, but where their individual commitment may vary on a week-by-week basis (eg taking a week out of elective commitments when on call). There is also the opportunity to assign particular roles and responsibilities to particular individuals.

### 4.5 Varying the working week

There is scope to review how hours are worked on a day-to-day basis. The contract has no standard working day or week, so there is flexibility to agree appropriate arrangements, subject to service needs.

### 4.6 Part-time working

A consultant may request a part-time or job share appointment on first appointment to YDH. Existing full-time consultants may apply to move to a part-time contract. Both sets of circumstances will be given every consideration but are subject to service needs. It should be noted that a change from full-time to part-time working is a change in contract and a subsequent return to full-time working is not an automatic right.

The DOH recommended good practice states:

*“The Trust can offer a part-time contract of between 1 and 9 programmed activities. Where the request to work part-time is in order that the Consultant can undertake private practice, part-time contracts should not normally be for more than 6 programmed activities. Employers have the flexibility to agree part-time contracts for more than 6 programmed activities. Where a Consultant wishes to work part-time mainly for reasons other than private practice, but still wishes to undertake some private work, they can be appointed on a contract for more than 6 programmed activities.”*

YDH will offer those consultants who wish to work part time to undertake private practice a contract of up to a maximum of eight PA. The consultant can offer a further one PA, which if YDH wishes to take this up, will mean that the maximum that can be offered as a part-time contract will be nine PA.

In line with full-time consultants, part-time consultants working seven PA or more will have a Job Plan containing 2.5 SPA (ie supporting professional activities). Part-time consultants working six PA will have a Job Plan containing two SPA, and consultants working five PA will have a Job Plan containing 1.5 SPA.

This will be subject to review after three months in post and at each subsequent Job Plan review to determine the appropriate ratio of SPA time. This may be adjusted upwards, but it is important to note that this element of the contract must be demonstrable in terms of time, location and outputs.

Consultants who, as part of a full-time contract, work only a proportion of their PA at YDH, will be subject to different agreements. The principle that will apply in these cases will be that YDH will expect to provide a pro-rata amount of SPA activities relative to the nature of the split of PA across different organisations within the overall contract.

As stated in the terms and conditions of service:

*“Where a part-time consultant participates in an on-call rota on the same basis as a full-time colleague, they will receive the full value of an on-call availability supplement. If the participation in the rota is on a different basis, a consultant will receive the same supplement as a full-time consultant on an equivalent rota.”*

While every effort will be made to accommodate requests to work full-time hours over less than five days per week, this will not amount to a part-time contract and the split of PA will be those relevant to a full-time contract. In addition, any such arrangements must enable compliance with clinical governance and health and safety requirements.

#### 4.7 Process

There are three options that can be considered to facilitate the process for agreeing job plans. These are:

- i) mutual agreement to “roll over” all or part of a job plan. This will be confirmed in writing and is dependent upon satisfactory objective and performance review
- ii) either the consultant or the Clinical Director proposes a prospective change to the Job Plan and requests a meeting to discuss the change
- iii) the Clinical Director proposes a meeting to discuss prospective activity change to specialty/departmental workload, which will affect individual consultant job plans.

Whichever option is chosen, in each case the outcome must include:

- an agreed Job Plan
- sign off of the previous year’s objective.
- sign up to new objectives for the ensuing financial year.

#### 4.8 Objective setting

Effective job planning is pivotal to the success of the consultant’s contract and YDH’s future. Job planning is much more than setting a timetable. Among the many criteria to be agreed during the job-planning process are a consultant’s objectives, which focus on five key areas:

- service development and improvement
- performance
- clinical governance
- education/research
- partnership working.

All consultants will be set a number of objectives, which may include a number of agreed YDH objectives as well as personal objectives.



## 5 The Job Plan

### 5.1 Programmed activity (PA)

The purpose of this section is to define the PA component of consultant job plans in line with the requirements of the terms and conditions of service for consultants on the 2003 contract.

The 2003 consultant contract consists of 10 PA each lasting four hours (three hours in premium time outside 7am to 7pm, Monday to Friday).

The components of the Job Plan are:

- direct clinical care (includes clinical activity, clinically related activity and emergency work, travelling time)
- supporting professional activity (ie CPD, audit, teaching and research)
- additional programmed activities (including external duties)
- other duties
- on-call activity
- private practice.

### 5.2 Direct clinical care (DCC)

The terms and conditions of service for the new 2003 national contract defines DCC as:

*“Work directly relating to the prevention, diagnosis or treatment of illness that forms part of the services provided by the employing organisation under section 3(1) or section 5(1)(b) of the National Health Service Act 1977. This includes emergency duties (including emergency work carried out during or arising from on-call), operating sessions including pre-operative and*

*post-operative care, ward rounds, outpatient activities, clinical diagnostic work, other patient treatment, public health duties, multi-disciplinary meetings about direct patient care and administration directly related to the above (including but not limited to referrals and notes).”*

Some departments (eg Pathology, Intensive Care), need to consider the time spent in total on DCC because there is no clear differential between clinical activity and clinically related activity within their DCC sessions. Please see examples below.

The sum of these boxes account for the total time spent on direct clinical care in the Job Plan. The balance between the boxes will vary from speciality to speciality.

Flexibility is possible within these commitments, according to objective setting and performance reviews between the consultant, Clinical Director and Business Manager.

#### Emergency work

DCC PA should include both predictable and unpredictable emergency work and these should, where possible, be programmed into the working week.

- **Predictable emergency work** is work that takes place at regular and predictable times, often as a consequence of a period of on-call work (eg post-take ward rounds).
- during the on-call period and is associated directly with the consultant’s on-call duties (except in so far as it takes place during a time for scheduled PA), for example, recall to hospital on an emergency basis.

#### Clinical activity (CA)

- Outpatients
- In-patient theatre
- Day case theatre
- Clinical interventions (eg endoscopy lists)
- Intensive care sessions
- Sub-specialty clinical activity
- Post-take ward rounds
- Clinical diagnostic work
- Ward rounds
- Multi-disciplinary team meetings

#### Clinically related activity (CRA)

- Pre- and post-operative assessments
- Consent taking
- Patient-related administration, including notes, reports, referrals, correspondence
- GP communication
- Patient communication
- Communication with relatives
- Travelling between sites

### Travelling time

Where consultants are expected to spend time on more than one site, travelling to and from their main base to other sites must be included as working time within a programmed DCC activity, either as additional paid time or by a corresponding reduction in clinical activity to allow for travelling.

The table below details the travel times between YDH and local destinations recognised by YDH. Where a consultant is undertaking a journey at peak travel times, these allowances may be subject to negotiation with their job planner.

### 5.3 Supporting professional activity (SPA)

SPA exemplifies the added value that consultants bring to the NHS and it is during the time made available through SPA that consultants can improve and hone their skills, research, innovate, develop new techniques and build new services.

**“SPA exemplifies the added value that consultants bring to the NHS and it is during the time made available through SPA that consultants can improve and hone their skills, research, innovate, develop new techniques and build new services”**

SPA are defined in the terms and conditions and the contract as:

*“Activities that underpin direct clinical care. This may include participation in training, medical education, continuing professional development, formal teaching, audit, job planning, appraisal, research, clinical management and local clinical governance activities.”*

### Assessment of ratio of SPA time

Job plans should include the agreed number of PA for SPA. The 2003 contract makes clear reference to a typical number of supporting professional activities, 2.5 per week on average, available to full-time consultants. Any variance from this (more or less) should be supported by robust reasons justified with reference to agreed expectations and performance as set out below.

A SPA allowance of 2.5 PA (ie ten hours) will be applied for each consultant, including new appointments. However, if during the annual Job Plan review meeting it is agreed that they are not undertaking sufficient activities, their SPA allowance will be reduced to a minimum of 1.5 PA (ie six hours).

In exceptional circumstances, the SPA allowance of 2.5 PA may be increased. Such additional activities will include, for example, extra teaching and training, discrete project and service improvement work, and specific Strategic Business Unit or YDH responsibilities, such as appointment to clinical leadership roles.

Where a consultant works for another organisation(s) as well as YDH, their total SPA should be allocated on a

Yeovil Hospital to	Time taken
Chard Community Hospital	45 minutes
Crewkerne Community Hospital	30 minutes
Dorset County Hospital NHS Foundation Trust	45 minutes
Shepton Mallet Treatment Centre	45 minutes
South Petherton Community Hospital	30 minutes
Taunton and Somerset NHS Foundation Trust	60 minutes
Wincanton Community Hospital	45 minutes
Yeatman Hospital	30 minutes

\*Journey times taken from Multimap and rounded up to the nearest 15 minutes.



Total DCC	SPA Allowance
7.5	2.5 (10 hours)
6.5	2.5 (10 hours)
5.5	2.5 (10 hours)
4.5	2.5 (10 hours)
3.5	2 (8 hours)
2.5	1.5 (6 hours)

pro-rata basis across all organisations where the consultant is employed.

#### Part-time consultants

The SPA allowance of 2.5 PA (ie 10 hours) will be applied to part-time consultants on a sliding scale, as follows:

- Where total DCC per week amount to 2.5 or less, the SPA allowance will be considered case by case.
- Where there is a specific requirement to undertake additional activities that fall within the definition of SPA, the allocation may be increased.

#### Locum consultants

Allocation of SPA for locum consultants will be granted on the basis of duration of appointment, as follows.

- For an appointment of three months or less, following initial YDH induction, no provision for SPA (ie the individual will be employed to undertake DCC only).
- For an appointment of between three and nine months, the provision of a reasonable amount of SPA time to attend departmental meetings (as appropriate) and to undertake CPD for revalidation purposes and any other allocated activities.
- For appointments in excess of nine months, following the first nine months the SPA/DCC ratio will be 1.5 SPA to 8.5 DCC.

These allocations can be varied by agreement with the Clinical Director.

#### Outputs from SPA

At the annual job-planning meeting and/or during the appraisal process, outcomes generated during SPA time should be reviewed and consultants will need to consider the evidence required to support the declared activity.

Some suggestions are provided below. When DCC time is lost due to SPA, arrangements must be made for this time to be repaid at an agreed time, and vice-versa.

#### Audit

As a minimum, all consultants should demonstrate attendance at audit meetings where obligatory YDH-wide and compulsory national audits are planned or discussed. In addition, they should lead at least one clinical audit per year, although an opt-out can be agreed with the Clinical Director, in which case the audit commitment can be amalgamated across a speciality group.

#### Teaching

All consultants are expected to undertake some teaching, although an opt-out can be agreed with the Clinical Director, in which case the teaching commitment may be amalgamated across a speciality group. The commitment of individuals will vary depending on their commitment to undergraduate, postgraduate or other healthcare teaching and should be agreed with the Clinical Director.

#### Research

Consultants may be considered for research activity and have time for research identified in their Job Plan where, for example, they are working towards one of the following:

- author or co-author of a peer-reviewed publication in the last calendar year



- named applicant on a grant (registered with YDH R&D Department)
- named applicant on an approved ethics application for which data collection is occurring.

Where consultants have evidence from publications in peer-reviewed journals or research grant funding of an ongoing programme of research, the allocation of research, programmed activities within the job plans should be agreed by the Clinical Director.

**“It is expected that some consultants will undertake roles outside YDH (eg trade union activity) that benefit medical practice at regional, national and international level”**

#### SPA flexibility

Consultants should seek permission to undertake SPA in any location other than on YDH sites and the timing of these should be scheduled in the Job Plan.

YDH recognises, however, that to have flexibility is part of the professional culture. It will therefore allow some flexibility subject to the following principles.

- Consultants will be expected to fulfil their basic contractual commitments working on YDH or associated premises.
- Certain SPA work will by necessity be undertaken on YDH or associated premises (eg meetings, teaching and work associated with sensitive/confidential data/information that cannot be removed from YDH).
- Certain aspects of SPA work (eg attendance at external meetings and some responsibilities for CPD and research, etc) will necessarily be carried out off site. Study and professional leave may be appropriate for some of these activities. If not, these shall be identified during the annual appraisal and job planning reviews.
- If a consultant wishes to exercise flexibility over where they carry out aspects of their SPA activity, this should be agreed with their Clinical Director.
- Consultants will need to agree with their Clinical Director how they will be contactable and available during their SPA time, especially if that time is being worked off site.

- In exercising flexibility, no consultant shall regularly transfer work off site (eg to home) without agreement from their Clinical Director. Consultants will be responsible for accounting for and demonstrating the output from their SPA time at annual appraisal and job planning reviews.
- Consultants must ensure that by occasionally working off site service delivery is not compromised and that service objectives are being met.

#### 5.4 Additional programmed activity (APA)

Some specific roles will carry additional APA allocations, but as a general rule, specialty-based professional roles are included as part of specialty/department allocations. The latter include Clinical Lead/Director, Audit Lead, Clinical Governance/Risk Lead and Local Specialty Educational Leads as examples.

Each activity in this category will be subject to objective setting and performance review. Consultants are accountable for the performance of this work and it is therefore reasonable for accountability to take the form of occasional monitoring of time spent and outcomes.

#### External duties

It is expected that some consultants will undertake roles outside YDH (eg trade union activities) that are of benefit to medical practice at regional, national and international level. Such appointments and responsibilities will be supported and facilitated by YDH. However, the consultant should abide by the following.

- They should undertake this additional role outside YDH only after discussion with colleagues and their Clinical Director, and if necessary there must also be agreement of the Medical Director (excluding trade union activities).
- YDH will be sensitive to the increased workload undertaken and the consultant should therefore attempt to schedule duties outside YDH to minimise the need to rearrange their clinical commitments. Some educational work may also reasonably be taken from within study/professional leave when linked to the requirements of the external duties.
- They must be able to fully account for these activities in terms of interest to YDH, professional society, college or the wider NHS.

Where consultants require additional leave for specific external duties outside of those identified in the Job



**“It is important to emphasise that private practice work done when on call should not prevent immediate return to the hospital to attend emergencies if required”**

Plan, Clinical Director approval should be sought. If the leave results in a potential substantial increase in workload for colleagues in exceptional circumstances, discussion about locum cover may be appropriate.

### 5.5 On-call activity

On call is recognised in the Job Plan in two ways:

- payment of an on-call availability supplement. The supplement payable is based on a percentage range of 1%-8% of the full-time basic salary, which is determined by the frequency of the rota commitment and an allocation of either Category A or B depending on the likelihood of having to return to the hospital (Schedule 16, Terms and Conditions)
- PA based on the actual work undertaken when on call.

The work should be identified as either predictable or unpredictable emergency work. Predictable and unpredictable emergency work should be included within the DCC PA.



### 5.6 Private practice

The Code of Conduct for Private Practice and the Terms and Conditions of Service outline the basis for the relationship between NHS and private practice activity. This applies to all consultants.

It is important to emphasise that private practice work done when on call should not prevent immediate return to the hospital to attend emergencies if required. In this context, it is particularly important to note that procedures such as surgery, endoscopy and anaesthesia should never be undertaken when on call for the NHS.

If there is a predictable NHS activity (eg a post-take ward round that is related to being on call), private practice activity should not interfere with this.

Schedule 9, paragraph 15 of the 2003 National Terms and Conditions of Service implies that operating on private patients on an NHS list without prior agreement with the Clinical Director and Business Manager is unacceptable.

Consultants should not initiate discussion of or promote their private practice in clinic. Information regarding waiting times can be given as outlined in Schedule 9, paragraph 23 of the 2003 National Terms and Conditions of Service. Information given in the NHS consultation should be documented carefully.

All private practice work, clinical, medico-legal or Category 2 should be identified in the Job Plan.

Private practice work should be clear on job plans and should not interfere with YDH duties. The Clinical Director and the individual are responsible for ensuring this takes place and there is no double counting of time.

Changes in the consultant's Job Plan, which may involve rearranging private practice commitments, must be done by agreement with the consultant, Clinical Director and Business Manager. This clarifies Schedule 9, paragraph 9, of the Terms and Conditions of Service for the 2003 National Contract.



## SPA Allowance

A SPA allowance of 2.5 PA will be applied for each consultant. This is made up of 1.5 Core SPA and 1 Additional SPA. If during the Job Plan review, it is agreed that a consultant is not undertaking sufficient activities, their SPA allowance will be reduced down to a minimum of 1.5 PA.

### Core

Allocation	Rationale
1.5 SPA	<p>Six hrs/week (pro-rata) to allow for core personal and specialty activity including:</p> <ul style="list-style-type: none"> <li>■ appraisal preparation and participation including revalidation</li> <li>■ non-patient-related administration including letters, speciality, Medical Staff Committee and other non-clinical meetings including departmental and divisional business meetings</li> <li>■ contribution to (but no lead role) in audit and governance</li> <li>■ internal CPD/mandatory training</li> <li>■ job planning/objective setting</li> <li>■ monthly clinical governance meetings</li> </ul>

### Additional

Suggested allocation	Examples (not exhaustive)
.5 SPA .25 SPA	<p>Typical allocation for these activities will range from 0.125-0.5 PA depending on discussion at the Job Plan review with the Clinical Director, and will reflect the amount of time required for these activities as well as agreed outcomes.</p> <ul style="list-style-type: none"> <li>■ Chair of the Drug and Therapeutics Committee</li> <li>■ Mentoring</li> <li>■ Teaching/supervision of medical students</li> <li>■ Active participatory member of a committee such as:               <ul style="list-style-type: none"> <li>• Audit Committee</li> <li>• Clinical Governance Committee (not the monthly meeting)</li> <li>• Drugs and Therapeutic Committee</li> <li>• Hospital Transfusion Committee</li> <li>• Resuscitation Committee</li> <li>• Local Negotiating Committee</li> <li>• New Products Committee</li> <li>• Nutrition Committee</li> <li>• Policy Committee</li> <li>• Education Committee</li> <li>• Ethics Committee</li> </ul> </li> </ul>



Suggested allocation	Examples (not exhaustive)
.25 SPA	<ul style="list-style-type: none"> <li>■ Service lead/lead role within department</li> <li>■ Skills trainer – ALS/ATLS/APLS</li> <li>■ Clinical coding lead</li> <li>■ Transfusion lead</li> <li>■ Clinical service lead</li> <li>■ Appraiser</li> <li>■ Department IT lead</li> </ul>
.125 SPA	<ul style="list-style-type: none"> <li>■ Clinical and education supervisors</li> </ul>

## APA allowance

### Core

Who	Allocation	Comments
Clinical Director	1 APA	Agreed and managed by Medical Director against performance criteria.
Associate Director of Education	1 APA	Agreed and managed by Medical Director against performance criteria.
College Tutor	.5-1 APA	Agreed and managed by Medical Director against performance criteria.
Other specialist roles (eg Major Incident Plan Lead, Caldicott Guardian)	1 APA	Agreed and managed by Medical Director against performance criteria.

### APA allowance (external duties)

Who	Allocation	Comments
Consultants undertaking other duties for professional organisations (eg Royal Colleges, NICE, NCAS, GMC, Healthcare Standards Work, regional teaching and MTAS)	Up to .5 APA	Agreed and managed by Medical Director against performance criteria.

A more generous allocation may be granted through negotiation with the Medical Director or if specifically funded in agreement with sponsoring organisation (eg NICE)



# Maintaining high professional standards

## 1 What this policy covers

This policy implements the framework set out in **Maintaining High Professional Standards in the Modern NHS in relation to:**

- conduct and disciplinary matters
- capability issues
- health concerns.

This policy applies to all medical and dental staff employed by YDH. Medical and dental staff who hold honorary contracts with YDH will also be subject to this policy. Where the issue relates to a doctor in training, the Post Graduate Medical Dean's offices should be informed via the Associate Medical Director for Post Graduate Medical and Dental Education.

An illustrative process overview is included on page 198.

## 2 General principles

- Recognising the honesty and integrity of its staff, YDH believes that personal and professional conduct should largely be self-regulated.
- YDH aims to ensure that this policy is applied fairly, openly, equally and consistently throughout YDH and will monitor all formal conduct cases YDH-wide.
- Where possible, concerns should be dealt with informally. But where there is a need to move to more formal processes, these should follow the processes set out in this policy, and other YDH policies (eg the Disciplinary Policy, see page 32).
- When appropriate, issues should be dealt with by the practitioner's immediate clinical line manager.
- It is recognised that it may be appropriate on occasions, after consideration by the Medical Director (MD), Associate Director of HR & OD (HRD) or Chief Executive Director (CE), to inform the General Medical Council (GMC), National Clinical

Assessment Service (NCAS) and other outside agencies about issues dealt with under these procedures.

- The practitioner may be accompanied at any stage of the process by a companion, who may be an NHS employee, official or representative of the British Medical Association (or any other recognised trade union), British Dental Association or a defence organisation.

## 3 Responsibilities

The Chief Executive has overall executive responsibility for the development and maintenance of an open, fair and consistent culture throughout YDH, and for ensuring this policy for maintaining high professional standards is implemented fairly and effectively.

**“Medical staff are responsible for performing to the standard required to meet the job description for the post and must alert their manager if they believe they are unable to do so”**

The Medical Director is responsible for ensuring the consistent application of this policy and for ensuring that senior medical staff managing conduct matters deal with issues promptly and effectively, and are suitably trained to identify and manage medical staff.

Medical staff are responsible for performing to the standard required to meet the job description for the post and must alert their manager if they believe they are unable to do so and may require further instruction and/or training to perform their duties effectively. They are responsible for adhering to this policy's requirements and for engaging positively and cooperatively with its use.



Human Resources is responsible for ensuring that managers are provided with appropriate advice and assistance on the use of this policy.

## 4 Policy in practice

### 4.1 Informal procedure (for minor issues)

As a general principle, issues of minor misconduct or performance will be dealt with by the practitioner's immediate clinical line manager without involving the MD. In such circumstances it may or may not be appropriate for the MD to be informed of the outcome.

If a matter is reported to the MD, they have the discretion to investigate the issue informally, which may include setting up a small panel of up to three appropriate medical practitioners/managers plus an additional practitioner with specialist expertise if required from within or outside of YDH.

If the MD chooses to adopt the informal procedure, the practitioner will be informed in writing, together with details of the issue under investigation. Terms of reference for the investigation will be provided to those undertaking the informal investigation.

Following the informal investigation, which will usually be completed within two weeks, the practitioner will be provided with a summary of findings and recommendations of the investigatory panel and will be invited to a meeting if necessary. The practitioner will be advised in writing that:

- there is no case to answer and no further action or
- the matter will be investigated in accordance with the appropriate formal procedure or
- the details of the MD's proposals for resolving the matter as an alternative to following the appropriate formal procedure. The appropriate formal procedure will be followed in the event that the practitioner does not agree to the MD's proposals.

### 4.2 Formal procedure (for serious concerns)

Concerns about a doctor or dentist's conduct or capability can come to light in a wide variety of ways including:

- concerns expressed by other NHS professionals, health care managers, students and non-clinical staff

- review of performance against job plans, annual appraisal, revalidation
- monitoring of data on performance and quality of care
- clinical governance, clinical audit and other quality improvement activities
- complaints about care by patients or their relatives
- information from the regulatory bodies
- litigation following allegations of negligence
- information from the police or coroner
- court judgements.

The following process is designed to deal with serious concerns that have not been resolved through implementing the informal procedure or for serious concerns, which in the opinion of the MD following consultation with the HR, are inappropriate for resolution through the informal process.

All serious concerns must be registered with the CE who must ensure that a case manager is appointed. The MD will act as the case manager in cases involving divisional or clinical directors.

The Chairman of the Board must designate a non-executive member ("the designated member") to oversee the case and ensure that momentum is maintained. All concerns should be investigated quickly and appropriately. A clear audit route must be established for initiating and tracking progress of the investigation, its costs and resulting action.

However the issue is raised, the MD will need to work with HR to decide the appropriate course of action in each case. The MD is responsible for appointing a case investigator, who will be a senior medical practitioner or medically qualified clinical manager.

### 4.3 Identifying if there is a problem

The first task of the case manager is to identify the nature of the problem or concern and to assess the seriousness of the issue on the information available and the likelihood that it can be resolved without formal disciplinary procedures.

This can be a difficult decision and should not be taken alone, but in consultation with the HRD, MD and NCAS. The NCAS asks that the first approach to them should be made by the CE or MD.



Case managers should seek advice about the potential problem from the NCAS to consider options to address the issues. Having discussed the case with the NCAS and/or NPSA, the case manager must decide whether an informal approach can be taken to address the problem, or whether a formal investigation is needed. Where an informal route is chosen, the NCAS should still be involved until the problem is resolved.

Where it is decided that a more formal route needs following (perhaps leading to conduct or capability proceedings) the MD must, after discussion between the CE and HR, appoint an appropriately experienced or trained person as case investigator. Their seniority will differ depending on the grade of practitioner involved.

**“When serious concerns are raised about a practitioner, YDH will urgently consider whether it is necessary to place temporary restrictions on their practice”**

#### 4.4 The case investigator:

- Is responsible for leading the investigation into any allegations or concerns about a practitioner, establishing the facts and reporting the findings.
- Must formally involve a senior member of the medical or dental staff nominated by the medical staff committee chair where a question of clinical judgement is raised during the investigation process. Where no other suitable senior doctor or dentist is employed by YDH, a senior doctor or dentist from another NHS body should be approached.
- Must ensure that safeguards are in place throughout the investigation so that breaches of confidentiality are avoided as far as possible.
- Is responsible for determining what information needs to be gathered and how – within the boundaries of the law – that information should be gathered. The investigator will approach the practitioner concerned to seek views on information that should be collected.
- Must ensure that there are sufficient written statements collected to establish a case prior to a decision to convene any disciplinary panel, and on aspects of the case not covered by a written statement, ensure that oral evidence is given sufficient weight in the investigation report.

- Must ensure that a written record is kept of the investigation, the conclusions reached and the course of action agreed by the MD and HR.
- Must assist the designated Board member in reviewing the case's progress.
- Does not decide what action should be taken nor whether the employee should be excluded from work and may not be a member of any disciplinary or appeal panel relating to the case.

#### 4.5 The investigation

For YDH to assess whether or not a concern should be regarded as serious for this procedure, it will undertake a preliminary investigation as set out below.

When serious concerns are raised about a practitioner, YDH will urgently consider whether it is necessary to place temporary restrictions on their practice. This might be to amend or restrict their clinical duties, obtain undertakings or provide for the exclusion of the practitioner from the workplace. The procedures for undertaking this action are outlined later in 5.1.

At any point in the process, where the case manager has reached the clear judgement that a practitioner is considered to be a serious potential danger to patients or staff, that practitioner must be referred to the GMC/GDC, whether or not the case has been referred to the National Clinical Assessment Service (formerly the NCAA).

Consideration should also be given as to whether the issue of an alert letter should be requested and/or whether a Serious Untoward Incident (SUI) should be raised via the Strategic Executive Information System (STEIS).

The practitioner concerned must be informed in writing by the case manager, as soon as it has been decided, that an investigation is to be undertaken, while also stating the name of the case investigator and the specific allegations or concerns that have been raised.

The practitioner must be given the opportunity to read any correspondence relating to the case, together with a list of the people the case investigator will interview. The practitioner must also be able to put their view of events to the case investigator and be given the opportunity to be accompanied.



If during the investigation it transpires that the case involves more complex clinical issues than first anticipated, the case manager should arrange for a practitioner in the same specialty and same grade from another NHS body to assist.

The case investigator should complete the investigation within four weeks of appointment and submit their report to the case manager within a further five days. The investigation report should give the case manager sufficient information to make a decision as to whether:

- no further action is needed
- it is appropriate for the MD to reach agreement with the individual as an alternative to following the appropriate formal procedure
- there are concerns about the practitioner's health that should be considered by the NHS body's occupational health service
- there are concerns about the practitioner's performance that should be explored by the NCAS
- there is a case of misconduct that should be put to a conduct panel under YDH's Disciplinary Policy
- restrictions on practice or exclusion from work should be considered
- there are intractable problems and the matter should be put before a capability panel
- there are serious concerns that should be referred to the GMC or GDC.

#### 4.6 Involvement of the NCAS

Medical underperformance can be caused by health problems, difficulties in the work environment, behaviour or a lack of clinical capability. These may occur in isolation or combination.

The NCAS's processes are aimed at addressing all of these, particularly where local action has taken matters forward successfully. The NCAS's methods of working therefore assume commitment by all parties to take part constructively in a referral to the NCAS.

**“Medical underperformance can be due to health problems, difficulties in the work environment, behaviour or a lack of clinical capability”**

The focus of the NCAS's work is likely to involve serious and/or repetitive performance difficulties, which means:

- performance falling well short of what doctors and dentists could be expected to do in similar circumstances and which, if repeated, would put patients seriously at risk
  - alternatively or additionally, problems that are ongoing or (depending on severity) have been encountered on at least two occasions.
- In cases where matters focus on fraud, specific patient complaints or organisational governance, their further management may warrant a different local process. The NCAS may advise on this.

Where YDH is considering excluding a doctor or dentist (whether or not their performance is under discussion with the NCAS), it will inform the NCAS at an early stage, so that alternatives to exclusion are considered.

A practitioner undergoing assessment by the NCAS must cooperate with any request to give an undertaking not to practise in the NHS or private sector other than their main place of NHS employment until the NCAS assessment is complete.

Failure to cooperate with a referral to the NCAS may be seen as evidence of a lack of willingness on the part of the practitioner to work with YDH to resolve performance difficulties. If the practitioner chooses not to cooperate with such a referral, that may limit options open to the parties and may necessitate disciplinary action and consideration of referral to the GMC or GDC.

#### 4.7 Confidentiality

YDH and its employees will maintain confidentiality at all times. No press notice will be issued nor the name of the practitioner released in regard to any investigation or disciplinary hearing. YDH will only confirm publicly that an investigation or disciplinary hearing is underway.

Personal data released to the case investigator for the investigation must be fit for the purpose, but not disproportionate to the seriousness of the matter under investigation. YDH will operate consistently with the guiding principles of the Data Protection Act.

## 5 Restriction of practice and exclusion

When serious concerns are raised about a practitioner, YDH will urgently consider whether it is necessary to place temporary restrictions on their practice.

This might be to amend or restrict their clinical duties, obtain undertakings or provide for the exclusion of the practitioner from the workplace. Exclusion will be considered as a last resort if alternative courses of action are not feasible.

The phrase "exclusion from work" has been used to replace the word "suspension", which can be confused with action taken by the GMC or GDC to suspend the practitioner from the register pending a hearing of their case or as an outcome of a fitness to practise hearing. YDH will ensure that:

- exclusion from work is used only as an interim measure while action to resolve a problem is being considered and is seen as a precautionary measure and not a disciplinary sanction
- where a practitioner is excluded, it is for the minimum necessary period of time, which can be up to but no more than four weeks at a time
- all extensions of exclusion are reviewed and a brief report provided to the CE and the Board
- the MD will provide a detailed report when requested to a single non-executive member of the Board (the "Designated Board Member") who will be responsible for monitoring the situation until the exclusion has been lifted
- no practitioner will be excluded from work other than through this new procedure.

Exclusion from work will be reserved for only the most exceptional circumstances and only used:

- to protect the interests of patients or other staff and the person concerned and/or
- to assist the investigative process when there is a clear risk that the practitioner's presence would impede the gathering of evidence
- for allegations of gross misconduct or
- when there are concerns about serious dysfunctions in the operation of a clinical service.

Alternative ways to manage risks, avoiding exclusion, include:

- medical or clinical director supervision of normal contractual clinical duties
- restricting the practitioner to certain forms of clinical duties
- restricting activities to administrative, research/audit, teaching and other educational duties (by mutual agreement the latter might include some formal retraining or re-skilling) and
- sick leave to investigate of specific health problems.

In cases relating to the practitioner's capability, consideration will be given to whether an action plan to resolve the problem can be agreed with the practitioner. Advice on the practicality of this approach will be sought from the NCAS. If the nature of the problem and a workable remedy cannot be determined in this way, the case manager will seek to agree with the practitioner to refer the case to the NCAS, which can assess the problem in more depth and give advice on any action necessary. The case manager will seek immediate telephone advice from the NCAS when considering restriction of practise or exclusion.

**“The CE has overall responsibility for managing exclusion procedures and for ensuring that cases are properly managed”**

### 5.1 Exclusion process

YDH will not exclude a practitioner for more than four weeks at a time. The justification for continued exclusion must be reviewed on a regular basis and before any further four-week period of exclusion is imposed. Key officers and the YDH Board have responsibilities for ensuring that the process is carried out quickly and fairly, kept under review and that the total period of exclusion is not prolonged.

### 5.2 Roles of YDH Directors

The CE has overall responsibility for managing exclusion procedures and for ensuring that cases are properly managed. The authority to exclude a practitioner sits with the CE, MD or in their absence, one of the other Executive Directors.



The MD will act as the case manager in the case of senior hospital doctors or delegate this role to a senior clinician to oversee the case, and appoint a case investigator to explore and report on the circumstances that have led to the need to exclude the staff member. The investigating officer will provide factual information to assist the case manager in reviewing the need for exclusion and making progress reports to the CE and designated Board member.

### 5.3 Role of the Board and designated Board member

The Board is responsible for appointing one of its non-executive members as a "Designated Board Member" under these procedures. The Designated Board Member oversees the case manager and investigating manager during the investigation process and maintains momentum of the process. Their responsibilities include:

- receiving reports and reviewing the continued exclusion from work
- considering representations from the practitioner about his or her exclusion
- considering any representations about the investigation.

At any stage in the process, the practitioner may make representations to the Designated Board Member in regard to exclusion or investigation of a case. This is in addition to any right they have to appeal against the exclusion under YDH's appeal procedure.

### 5.4 Immediate exclusion

In exceptional circumstances, an immediate time-limited exclusion may be necessary for the purposes identified above following:

- a critical incident when serious allegations have been made or
- there has been a break down in relationships between a colleague and the rest of the team or
- the presence of the practitioner is likely to hinder the investigation.

Such an exclusion will allow a more measured consideration to be undertaken and the NCAS should be contacted before the immediate exclusion takes place. This period should be used to carry out a preliminary situation analysis, to seek further advice from the NCAS and to convene a case conference.

The manager making the exclusion must explain why the exclusion is being made in broad terms (there may be no formal allegation at this stage) and agree a date up to a maximum of two weeks away at which the practitioner should return to the workplace for a further meeting. The case manager must advise the practitioner of their rights, including rights of representation.

### 5.5 Formal exclusion

A formal exclusion may only take place after the case manager has considered whether there is a case to answer and then considered, at a case conference, whether there is reasonable and proper cause to exclude. The NCAS must be consulted where formal exclusion is being considered.

If a case investigator has been appointed he or she must produce a preliminary report as soon as is possible to be available for the case conference. This preliminary report is advisory, to enable the case manager to decide on next steps.

The report should provide sufficient information for a decision to be made as to whether:

- the allegation appears unfounded or
- there is a potential misconduct issue or
- there is a concern about the practitioner's capability

or

- the case's complexity warrants further detailed investigation before advice can be given on the way forward and what needs to be inquired into. When the practitioner is informed of their exclusion, there should be a witness present and the nature of the allegations or areas of concern should be conveyed. The practitioner should be told of the reason(s) why formal exclusion is regarded as the only way to deal with the case. At this stage the practitioner should be given the opportunity to state their case and propose alternatives to exclusion (eg further training, referral to occupational health, referral to the NCAS with voluntary restriction).

The formal exclusion must be confirmed in writing within five calendar days, stating the effective date and time, duration (up to four weeks), the nature of the allegations, the terms of the exclusion and that a full investigation or what other action will follow. The practitioner and their

companion should be advised that they may make representations about the exclusion to the Designated Board Member at any time after receipt of the letter confirming their exclusion.

When disciplinary procedures are being followed, exclusion may be extended for four-week renewable periods until the completion of disciplinary procedures if a return to work is considered inappropriate.

If the case manager considers that the exclusion will need to be extended over a prolonged period outside of his or her control (eg because of a police investigation), the case must be referred to the NCAS for advice as to whether the case is being handled in the most effective way and suggestions as to possible ways forward. However, even during this prolonged period the principle of four-week "renewability" must be adhered to.

If after the practitioner has been excluded from work the investigation reveals that either the allegations are without foundation or that further investigation can continue with the practitioner working normally or with restrictions, the case manager must lift the exclusion, inform NHS England and make arrangements for the practitioner to return to work with any appropriate support as soon as practicable.

### 5.6 Exclusion from premises

Practitioners excluded from work will not be automatically barred from the premises, but if at YDH they should not discuss their case other than with their representative or colleague they have asked to support them. The case manager will consider whether a bar from the premises is necessary.

### 5.7 Keeping in contact and availability for work

The practitioner should be allowed to retain contact with colleagues, take part in clinical audit and remain up to date with developments in their field of practice or to undertake research or training.

Exclusion under this procedure will be on full pay, therefore, the practitioner must remain available for work with their employer during their normal contracted hours. The practitioner must inform the case manager of any other organisation(s) with whom they undertake either voluntary or paid work and seek their case manager's consent to continuing to undertake such work or to take annual leave or study leave.

The practitioner should be reminded of these contractual obligations but would be given 24 hours notice to return to work if required. In exceptional circumstances, the case manager may decide that payment is not justified because the practitioner is no longer available for work (eg they are abroad without agreement).

### 5.8 Informing other organisations

Where there is concern that the practitioner may be a danger to patients, YDH may consider that it has an obligation to inform such other organisations including those in the private sector of any restriction on practice or exclusion and provide a summary of the reasons for it.

Details of other employers (NHS and non-NHS) may be readily available from job plans, but where it is not, the practitioner should supply them. Failure to do so may result in disciplinary action or referral to the relevant regulatory body, because the paramount interest is patient safety.

Where YDH has placed restrictions on practice, the practitioner should agree not to undertake any work in that area of practice with any other employer.

Where the case manager believes that the practitioner is practicing in other parts of the NHS or in the private sector in breach or defiance of an undertaking not to do so, they should contact the professional regulatory body and the Director of Public Health or Medical Director of the Strategic Health Authority to consider the issue of an alert letter.

### 5.9 Keeping exclusions under review: informing the Board

The Board must be informed about an exclusion at the earliest opportunity. The Board has a responsibility to ensure that the organisation's internal procedures are being followed. Therefore:

- a summary of the progress of each case at the end of each period of exclusion will be provided to the Board, demonstrating that procedures are being correctly followed and that all reasonable efforts are being made to bring the situation to an end as quickly as possible and
- a monthly statistical summary showing all exclusions with their duration and number of times the exclusion had been reviewed and extended will be provided with a copy sent to the Strategic Health Authority.



### 5.10 Regular reviews

The case manager must review the exclusion before the end of each four-week period and report the outcome to the CE and the Board. This report is advisory, so it is for the case manager to decide on the next steps.

The exclusion should usually be lifted and the practitioner allowed back to work, with or without conditions placed upon the employment, at any time the original reasons for exclusion no longer apply and there are no other reasons for exclusion.

**“There will be a normal maximum limit of six months’ exclusion, except for those cases involving criminal investigations of the practitioner concerned”**

The exclusion will lapse and the practitioner will be entitled to return to work at the end of the four-week period if the exclusion is not actively reviewed.

It is important to recognise that Board members might be required to sit as members of a future disciplinary or appeal panel. Therefore, information to the Board should only be sufficient to enable the Board to satisfy itself that the procedures are being followed. Only the Designated Board Member should be involved to any significant degree in each review. After three exclusions, the NCAS must be called in.

The information below outlines the activities that must be undertaken at different stages of exclusion.

### 5.11 Process for first and second reviews

Before the end of each exclusion (of up to four weeks) the case manager must review the position and:

- decide on the next steps as appropriate, taking into account the views of the practitioner. Further renewal may be for up to four weeks
- submit an advisory report of outcome to the CE and the YDH Board
- document each review.

The practitioner must be sent written notification on each occasion and the MD should ensure that this happens.

### 5.12 Third review

If the practitioner has been excluded for three periods:

- a report must be made to the CE outlining the reasons for the continued exclusion, why restrictions on practice would not be an appropriate alternative, and if the investigation has not been completed, a timetable for completion of the investigation
- the case must be reported to NHS England
- the case must formally be referred to the NCAS explaining why continued exclusion is appropriate and what steps are being taken to conclude the exclusion, at the earliest opportunity
- the NCAS will review the case with NHS England and advise YDH on the handling of the case until it is concluded.

### 5.13 Six-month review

If the exclusion has been extended over six months:

- a further position report must be made by the CE to NHS England indicating the reason for continuing the exclusion, the anticipated time scale for completing the process and the actual and anticipated costs of exclusion;
- NHS England will form a view as to whether the case is proceeding at an appropriate pace and in the most effective manner and whether there is any advice they can offer to the Board.

There will be a normal maximum limit of six months exclusion, except for those cases involving criminal investigations of the practitioner concerned. The employer and the NCAS will actively review such cases at least every six months.

### 5.14 Appeal against exclusion

At any stage when a practitioner is excluded or has restrictions placed on their practice, they may appeal to a panel convened by YDH. Once heard, the practitioner will not be allowed to appeal again for three months.

The panel will consist of a YDH Executive Director appointed by the MD to chair the panel, a consultant appointed by the Medical Staff Committee and a third member from the same specialty and grade as the suspended practitioner from outside YDH. The panel will recommend to the CE whether the exclusion or restriction should continue or be lifted.

### 5.15 Keeping NHS England informed

When an exclusion decision has been extended twice, the YDH CE (or a nominated officer) must inform NHS England of action proposed. This will include dates for hearings or give reasons for the delay. Where retraining or other rehabilitation action is proposed, the reason for continued exclusion must be given.

### 5.16 Return To Work

If it is decided that the exclusion should end, there must be formal arrangements for the practitioner's return to work. It must be clear whether clinical and other responsibilities are to remain unchanged or what the duties and restrictions are to be and any monitoring arrangements to ensure patient safety.

## 6 Conduct and disciplinary matters

Misconduct matters for doctors and dentists, as for all other staff groups, are dealt with under the YDH Disciplinary Policy (see page 32). However, where any serious concerns about the performance or conduct of a medical practitioner are raised, YDH will contact the NCAS for advice before proceeding.

Where the alleged misconduct being investigated under YDH's Disciplinary Policy and relates to matters of a professional nature, or where an investigation identifies issues of professional conduct, the case investigator must obtain appropriate independent professional advice.

Similarly, where a case involving issues of professional conduct proceeds to a hearing, under the employer's conduct procedures the panel must include a member who is medically qualified (in the case of doctors) or dentally qualified (in the case of dentists) and who is not currently employed by the organisation.

YDH will work with the appropriate employing body, university or medical school to ensure that jointly agreed procedures are in place for dealing with any concerns about practitioners with honorary contracts.

An allegation of misconduct against a doctor or dentist in recognised training grades should be considered initially as a training issue and dealt with via the educational supervisor and college or clinical tutor with close involvement of the Associate Medical Director for

Postgraduate Medical and Dental Education and the Postgraduate Dean from the outset.

The practitioner is entitled to use the YDH grievance procedure if they consider the case has been incorrectly classified and/or may make representation to the designated board member.

### 6.1 Potential criminal acts

#### When investigations identify possible criminal acts

Where an investigation establishes a suspected criminal action in the UK or abroad, this will be reported to the police. The YDH investigation (under either its disciplinary or capability policies) will only proceed in respect of those case aspects not directly related to the police investigation. YDH will consult the police to establish whether an investigation into any other matters would impede their investigation. In cases of alleged fraud, the Counter Fraud Agency will be contacted prior to contacting the police.

#### Where criminal charges are brought but not connected with an investigation by YDH

There are some criminal offences that, if proven, could render a practitioner unsuitable for employment. In all cases, having considered the facts, YDH will consider whether the practitioner poses a risk to patients or colleagues and whether their conduct warrants instigating an investigation and their exclusion. YDH will give serious consideration to whether the employee can continue in their job once criminal charges have been made.

#### Dropping of charges or no court conviction

Where YDH has refrained from taking action pending the outcome of a court case, if the practitioner is acquitted but YDH feels there is enough evidence to suggest a potential risk to patients, YDH has a public duty to take action to ensure that the individual does not pose a risk to patient safety.

Similarly, where there are insufficient grounds for bringing charges or the court case is withdrawn, there may be grounds for considering police evidence where the allegations would, if proved, constitute misconduct.

It must be made clear to the police that any evidence they provide and used in YDH's case will have to be made available to the doctor or dentist concerned. Where charges are dropped, the presumption is that the employee will be reinstated.



## 7 Dealing with capability issues

Concerns about the capability of a doctor or dentist may arise from a single incident or a series of events, reports or poor clinical outcomes. Advice from the NCAS will help YDH to decide whether the matter raises questions about the practitioner's capability as an individual or whether there are other matters that must be addressed.

If the capability concerns cannot be resolved routinely by YDH, the matter must be referred to the NCAS before the matter can be considered by a capability panel (unless the practitioner refuses to have their case referred).

Matters which fall under YDH's capability procedures include:

- out-of-date clinical practice
- inappropriate clinical practice arising from a lack of knowledge or skills that puts patients at risk
- incompetent clinical practice
- inability to communicate effectively with colleagues and/or patients
- inappropriate delegation of clinical responsibility
- inadequate supervision of delegated clinical tasks
- ineffective clinical team working skills.

This is not an exhaustive list.

Wherever possible, YDH will aim to resolve issues of capability (including clinical competence and health) through ongoing assessment and support. Early identification of problems is essential to reduce the risk of serious harm to patients.

### 7.1 How to proceed where conduct and capability issues are involved

Some cases will cover conduct and capability issues and these cases can be complex and difficult to manage. If a case covers more than one category of problem, they should usually be combined under a capability hearing, although there may be occasions where it is necessary to pursue a conduct issue separately.

### 7.2 Capability procedure

The procedures set out as follows are designed to cover issues where a practitioner's capability to practise is in question. Prior to instigating these procedures, YDH will

consider the scope for resolving the issue through counselling or retraining and will take advice from the NCAS. Capability may be affected by ill health and this will be considered in any investigation. Arrangements for handling concerns about a practitioner's health are described below.

### 7.3 The pre-hearing process

When a report of YDH's investigation has been received, the case manager must give the practitioner the opportunity to comment in writing on the factual content of the report produced by the case investigator.

Comments in writing from the practitioner, including any mitigation, must normally be submitted to the case manager within 10 working days of the date of receipt of the request for comments. In exceptional circumstances this may be extended.

The case manager should decide what further action is necessary, taking into account the findings of the report, any comments that the practitioner has made and the advice of the NCAS. The case manager will need to consider urgently:

- whether action is necessary to exclude the practitioner or
- whether to place temporary restrictions on their clinical duties.

The case manager will also need to consider with the MD and HR whether the issues of capability can be resolved through local action (eg retraining, counselling, performance review). If this action is not practicable for any reason, the matter must be referred to the NCAS to consider whether an assessment should be carried out and to provide assistance in drawing up an action plan. The case manager will inform the practitioner concerned of the decision immediately and normally within 10 working days of receiving the practitioner's comments.

The NCAS will assist YDH in drawing up an action plan agreed by YDH and the practitioner, designed to enable the practitioner to remedy any lack of capability that has been identified during the assessment.

There may be occasions when a case has been considered by the NCAS, but the advice of its assessment panel is that the practitioner's performance is so fundamentally flawed that no educational and/or

organisational action plan has a realistic chance of success. Then, the case manager must make a decision, based upon the completed investigation report and informed by the NCAS advice, whether the case should be determined under the YDH Capability Policy (see page 23). If so, a panel hearing is necessary.

If the practitioner does not agree to the case being referred to the NCAS, a panel hearing will normally be necessary.

If a capability hearing is to be held, the following procedure will be followed beforehand.

- The case manager must notify the practitioner in writing of the decision to arrange a capability hearing. This should happen at least 10 working days before the hearing and include details of the allegations and the arrangements for proceeding, including the practitioner's rights to be accompanied and copies of any documentation and/or evidence that will be made available to the capability panel. This will give the practitioner sufficient notice to allow them to arrange for a companion to accompany them to the hearing if they so choose.
- All parties must exchange any documentation, including witness statements, on which they wish to rely in the proceedings no later than seven calendar days before the hearing. In the event of late evidence being presented, the employer should consider whether a new date should be set for the hearing.
- Should either party request a postponement to the hearing, the case manager is responsible for ensuring that a reasonable response is made and that time extensions to the process are kept to a minimum. YDH retains the right, after a reasonable period (not less than 30 working days), to proceed with the hearing in the practitioner's absence, although YDH will act reasonably in deciding to do so, taking into account any comments made by the practitioner.
- Should the practitioner's ill health prevent the hearing from taking place, YDH will implement its usual absence procedures and involve the Occupational Health Department as necessary.
- Witnesses who have made written statements at the inquiry stage may, but will not necessarily, be required to attend the capability hearing. Following representations from either side contesting a witness statement that is to be relied upon in the hearing, the

Chair will invite the witness to attend. The Chair cannot require anyone other than an employee to attend. However, if evidence is contested and the witness is unable or unwilling to attend, the panel will reduce the weight given to the evidence, because there will not be the opportunity to challenge it properly. A final list of witnesses to be called must be given to both parties not less than two working days before the hearing.

- If witnesses who are required to attend the hearing choose to be accompanied, the accompanying person cannot participate in the hearing.

#### 7.4 The capability hearing framework

The capability hearing will be chaired by a YDH Executive Director. The panel will comprise three people, normally two Board members or senior staff appointed by the Board for the hearing. At least one panel member must be a medical or dental practitioner not employed by YDH. YDH will agree the external medical or dental member with the Chair of the Medical Staff Committee.

#### “The practitioner may raise an objection to the choice of any panel member within five working days of notification”

No panel member or adviser to the panel should have been previously involved in the investigation. In the case of clinical academics, a further panel member may be appointed in accordance with arrangements agreed between YDH and the university. Arrangements must be made for the panel to be advised by a:

- Human Resources representative
- senior clinician from the same or similar clinical specialty as the practitioner concerned, but from another NHS employer
- representative of a university if required.

It is important that the panel is aware of the typical standard of competence required of the grade of doctor in question. If for any reason the senior clinician is unable to advise on the appropriate level of competence, a doctor from another NHS employer in the same grade as the practitioner in question will be asked to provide advice.



The practitioner may raise an objection to the choice of any panel member within five working days of notification. YDH will review the situation and take reasonable measures to ensure that the membership of the panel is acceptable to the practitioner.

It may be necessary to postpone the hearing while this matter is resolved. YDH must provide the practitioner with the reasons for reaching its decision in writing before the hearing can take place.

### 7.5 Representation at capability hearings

The practitioner may be represented in the process by a work colleague or representative who may be from or retained by a trade union or defence organisation.

Such a representative may be legally qualified but they will not be representing the practitioner formally in a legal capacity. The representative will be entitled to present a case on behalf of the practitioner, address the panel and question the management case and any witness evidence.

### 7.6 Conduct of the capability hearing

The hearing should be conducted as follows:

- The panel and its advisers, the practitioner, his or her representative and the case manager will be present at all times during the hearing. Witnesses will be admitted only to give their evidence and answer questions and will then retire.
- The Chair of the panel will be responsible for the proper conduct of the proceedings and will introduce all persons present and inform of witnesses available to attend the hearing.

The order of presentation shall be:

- the Case Manager presents the management case including calling any witnesses
- the Chair invites the Case Manager to clarify any matters arising from the management case on which the panel requires further clarification
- the practitioner and/or their representative presents the practitioner's case, calling any witnesses. The above procedure for dealing with witnesses shall be undertaken for each witness in turn, at the end of which each witness is allowed to leave

- the Chair invites the practitioner and/or their representative to clarify any matters arising from the practitioner's case on which the panel requires further clarification
- the Chair invites the Case Manager to make a brief closing statement summarising key points of the case
- The Chair invites the practitioner and/or their representative to make a brief closing statement summarising the key points of the practitioner's case. Where appropriate, this statement may also introduce any grounds for mitigation.
- The panel shall then retire to consider its decision.

The procedure for questioning witnesses will mirror the above while:

- the witness will be asked to confirm any written statement and give any supplementary evidence
- the side calling the witness can question the witness
- the other side can then question the witness
- the panel may question the witness.

The side that called the witness may seek to clarify any points arising during questioning, but may not at this point raise new evidence.

### 7.7 Decisions

The panel will have the power to make a range of decisions including the following:

- no action required
- oral agreement that there must be an improvement in clinical performance within a specified time scale with a written statement of what is required and how it might be achieved [stays on the employee's record for six months]
- written warning that there must be an improvement in clinical performance within a specified time scale with a statement of what is required and how it might be achieved [stays on the employees' record for one year]
- final written warning that there must be an improvement in clinical performance within a specified time scale with a statement of what is required and how it might be achieved [stays on the employee's record for up to two years at the discretion of the panel]
- termination of contract.

It is also reasonable for the panel to make comments and recommendations on issues other than the competence of the practitioner, where these issues are relevant to the case. For example, there may be matters around the systems and procedures operated by YDH that the panel wishes to comment upon.

The decision of the panel will be communicated to the parties as soon as possible and normally within seven working days of the hearing. Because of the complexities of the issues under deliberation and the need for detailed consideration, the parties should not necessarily expect a decision on the day of the hearing.

The decision will be confirmed in writing to the practitioner. This notification will include reasons for the decision, clarification of the practitioner's right of appeal and notification of any intent to make a referral to the GMC/GDC or any other external/professional body.

### 7.8 Appeals in capability cases

The appeals procedure provides a mechanism for practitioners who disagree with the outcome of a decision to have an opportunity for the case to be reviewed. The appeal panel will need to establish whether YDH's procedures have been adhered to and that the panel in arriving at their decision acted fairly and reasonably based on:

- a fair and thorough investigation of the issue
- sufficient evidence arising from the investigation or assessment on which to base the decision
- whether in the circumstances the decision was fair and reasonable, and commensurate with the evidence heard.

#### The appeal process

The purpose of the appeal is to ensure that a fair hearing was given to the original case and that a fair and reasonable decision was reached by the hearing panel.

The appeal panel can confirm or vary the decision made at the capability hearing, or order that the case is reheard. Where it is clear during the appeal hearing that proper procedures were not previously followed and the appeal panel determines that the case needs to be fully re-heard, the Chair of the panel has the power to instruct a new capability hearing.

Where the appeal is against dismissal, the practitioner should not be paid during the appeal, if it is heard after the date of termination of employment. Should the appeal be upheld, the practitioner should be reinstated and pay will be backdated to the date of termination of employment.

Where the decision is to rehear the case, the practitioner should also be reinstated, subject to any conditions or restrictions in place at the time of the original hearing, with pay backdated to the date of termination of employment.

#### The appeal panel

The panel will consist of three members. The members of an appeal panel must not have had any previous direct involvement in the matters that are the subject of the appeal. The members will be:

- an independent member (trained in legal aspects of appeals) from an approved pool. This person will be appointed from the national list held by NHS Employers for this purpose. This person is designated Chair
- the Chair (or other non-executive director) of the employing organisation who must have the appropriate training for hearing an appeal
- a medically qualified member (or dentally qualified if appropriate) who is not employed by YDH who must also have the appropriate training for hearing an appeal. YDH will agree the external medical or dental member with the Chair of the Medical Staff Committee
- in the case of clinical academics, a further panel member may be appointed in accordance with agreements between YDH and the university.

It is important that the panel is aware of the typical standard of competence required of the grade of doctor in question. If for any reason the senior clinician is unable to advise on the appropriate level of competence, a doctor from another NHS employer in the same grade as the practitioner in question will be asked to provide advice.

YDH should make the arrangements for the panel and notify the appellant as soon as possible.



## “The appeal panel can call witnesses, but must notify both parties at least 10 working days in advance”

The practitioner may raise an objection to the choice of any panel member within five working days of notification. YDH will review the situation and take reasonable measures to ensure that the membership of the panel is acceptable to the practitioner. It may be necessary to postpone the hearing while this matter is resolved. YDH must provide the practitioner with the reasons for reaching its decision in writing before the hearing can take place.

It is in the interests of all concerned that appeals are heard speedily and as soon as possible after the original capability hearing. The following timetable will apply in all cases:

- appeal by written statement to be received by Human Resources within 25 working days of the date of the written confirmation of the original decision
- hearing to take place within 25 working days of the date of lodging the appeal
- decision reported to the appellant and YDH within five working days of the conclusion of the hearing.

### **Powers of the appeal panel**

The appeal panel has the right to call witnesses of its own volition, but must notify both parties at least 10 working days in advance of the hearing and provide them with a written statement from any such witness at the same time.

Exceptionally, where during the course of the hearing the appeal panel determines that it needs to hear the evidence of a witness not called by either party, it can adjourn the hearing to allow for a written statement to be obtained from the witness and made available to both parties before the hearing reassembles.

If, during the course of the hearing, the appeal panel decides that new evidence needs to be presented, it should consider whether an adjournment is appropriate. The appeal panel has the power to determine whether to consider the new evidence as relevant to the appeal, or whether the case should be reheard on the basis of the new evidence, by a capability hearing panel.

### **Conduct of the appeal hearing**

All parties should have all documents, including witness statements, from the previous capability hearing together with any new evidence.

The practitioner may be represented in the process by a work colleague or representative who may be from or retained by a trade union or defence organisation.

Such a representative may be legally qualified, but they will not be representing the practitioner formally in a legal capacity. The representative will be entitled to present a case on behalf of the practitioner, address the panel and question the management case and any written evidence.

Both parties will present full statements of fact to the appeal panel and will be subject to questioning by either party, as well as the panel. When all the evidence has been presented, both parties shall briefly sum up. At this stage, no new information can be introduced. The appellant (or their companion) can at this stage make a statement in mitigation. The panel, after receiving the views of both parties, shall consider and make its decision in private.

### **Decision of the appeal panel**

The decision of the appeal panel shall be made in writing to the appellant and shall be copied to the YDH case manager, to be received within five working days of the hearing's conclusion.

The appeal panel's decision is final and binding. There shall be no correspondence on the decision of the panel, except and unless clarification is required on what has been decided (but not on the merits of the case), in which case it should be sought in writing from the Chair of the appeal panel.

### **Action following hearing**

Records must be kept, including a report detailing the capability issues, the practitioner's defence or mitigation, action taken and the reasons for it. These records must be kept confidential and retained in accordance with the capability procedure and the Data Protection Act 1998.

These records need to be made available to those with a legitimate call upon them, such as the practitioner, the Regulatory Body or in response to a direction from an Employment Tribunal.

### 7.9 Termination of employment with performance issue unresolved

If an employee leaves YDH before disciplinary procedures have been completed, any outstanding disciplinary investigation will be concluded and capability proceedings will be completed where possible.

Where employment ends before investigation or proceedings have been concluded, every reasonable effort will be made to ensure the former employee remains involved in the process.

If contact with the employee has been lost, YDH will invite them to attend any hearing by writing to both their last known home address and their registered address (the two will often be the same).

YDH will make a judgement, based on the evidence available, as to whether the allegations about the practitioner's capability are upheld. If the allegations are upheld, YDH will take appropriate action, such as requesting the issue of an alert letter and referral to the professional regulatory body, referral to the police, or the Protection of Children Act List (held by the Department for Education and Skills).

### “Should employment be terminated as a result of ill health, the investigation should still be taken to a conclusion”

If an excluded employee or an employee facing capability proceedings becomes ill, they will be subject to the YDH Sickness Management Policy (see page 134).

The sickness absence procedures take precedence over the capability procedures and YDH will take reasonable steps to give the employee time to recover and attend any hearing.

Where the employee's illness exceeds four weeks, they must be referred to Occupational Health. Should employment be terminated as a result of ill health, the investigation should still be taken to a conclusion and YDH will form a judgement as to whether the allegations are upheld.

If, in exceptional circumstances, a hearing proceeds in the absence of the practitioner for reasons of ill health, the practitioner will have the opportunity to submit written submissions and/or have a representative attend in their absence.

Where a case involves allegations of abuse against a child, the guidance issued to the NHS in September 2000, called “The Protection of Children Act 1999 – A Practical Guide to the Act for all Organisations Working with Children” gives more detailed information. A copy can be found on the Department of Health website:

 [www.dh.gov.uk/publicationsandstatistics](http://www.dh.gov.uk/publicationsandstatistics)

## 8 Handling concerns about a practitioner's health

A wide variety of health problems can have an impact on an individual's clinical performance. They may arise spontaneously or be as a consequence of workplace factors such as stress.

YDH's key principle for dealing with individuals with health problems is that, wherever possible and consistent with reasonable public protection, they should be treated, rehabilitated or retrained (eg if they cannot undertake exposure prone procedures) and kept in employment, rather than be lost from the NHS.

### 8.1 Retaining staff with health problems

Wherever possible YDH will attempt to continue to employ people with health problems provided this does not place patients or colleagues at risk. In particular, YDH will consider the following actions for staff with ill-health problems:

- sick leave for the practitioner (the practitioner to be contacted frequently on a pastoral basis to stop them feeling isolated)
- removing the practitioner from certain duties
- reassigning them to a different area of work
- arranging retraining or adjustments to their working environment, with appropriate advice from the NCAS and/or Deanery, under the reasonable adjustment provisions in the Disability Discrimination Act 1995 (DDA).

This is not an exhaustive list.



### 8.2 Reasonable adjustment

At all times the practitioner will be supported by YDH and Occupational Health (OH) which will ensure that the practitioner is offered every available resource to get back to practise where appropriate.

YDH will consider what reasonable adjustments could be made to their workplace or other arrangements, in line with the DDA. In particular, it will consider:

- making adjustments to the premises
- re-allocating some of a disabled person's duties to another
- transferring an employee to an existing vacancy
- altering an employee's working hours or pattern of work
- assigning the employee to a different workplace
- allowing absence for rehabilitation, assessment or treatment
- providing additional training or retraining
- acquiring/modifying equipment
- modifying procedures for testing or assessment
- providing a reader or interpreter
- establishing mentoring arrangements.

In some cases retirement on grounds of ill health may be necessary. Ill health retirement should be approached in a reasonable and considerate manner, in line with NHS Pensions Agency advice.

**“Where there is an incident that points to a problem with the practitioner's health, the incident may need to be investigated to determine the health problem”**

### 8.3 Handling health issues

Where there is an incident that points to a problem with the practitioner's health, the incident may need to be investigated to determine the health problem. If the report recommends OH involvement, the nominated manager must immediately refer the practitioner to OH.

Taking care to observe patient and staff confidentiality, the NCAS should be approached to offer advice. Where discussions with the NCAS include a consideration of an individual's health, then written permission from that practitioner should be obtained if possible.

The occupational physician should agree a course of action with the practitioner and send their recommendations to the MD and a meeting should be convened with Human Resources, the MD or case manager, the practitioner, and case worker from OH to agree a timetable of action and rehabilitation (if this action is appropriate).

The practitioner may wish to bring a support companion to these meetings. This could be a work colleague or a trade union or defence association representative. Confidentiality must be maintained by all parties.

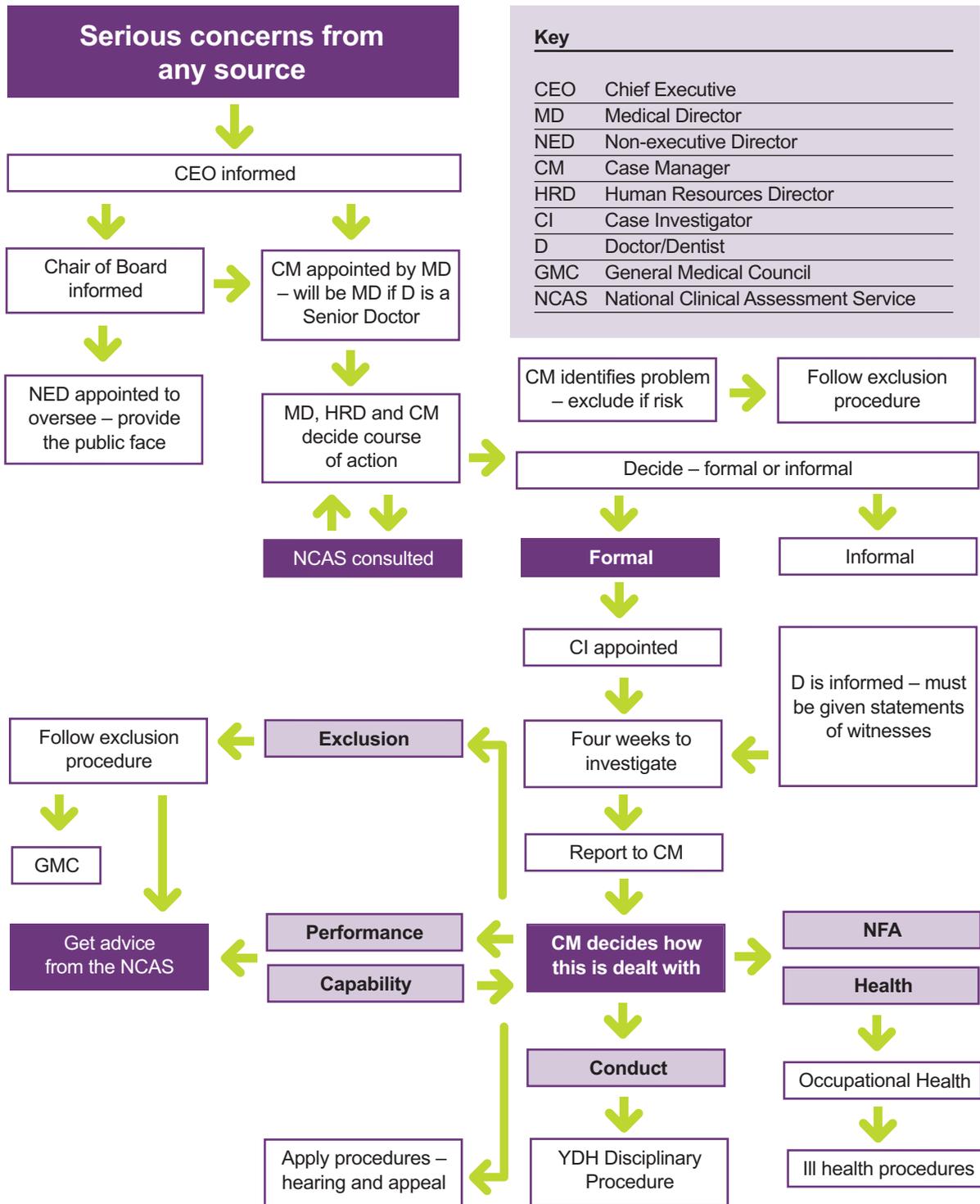
If a practitioner's ill health constitutes a risk to patients and they do not recognise that, or are not prepared to co-operate with measures to protect patients, exclusion from work and referral to the professional regulatory body must be considered, irrespective of whether or not they have retired on grounds of ill health.

Where there is impairment of performance solely due to ill health, disciplinary procedures will be considered only in the most exceptional of circumstances, for example, if the individual concerned refuses to cooperate to resolve the underlying situation (eg by repeatedly refusing a referral to OH or the NCAS).

There may be circumstances where an employee who is subject to disciplinary proceedings puts forward a case, on health grounds, that the proceedings should be delayed, modified or terminated. In such cases YDH will refer the doctor or dentist to OH for assessment as soon as possible.

Unreasonable refusal to accept a referral or to cooperate with OH under these circumstances may give separate grounds for pursuing disciplinary action.

# Maintaining high professional standards





# Medical staff leaving guidelines

**The aim of this policy is to clarify what you should do when submitting an application for annual leave, a course, conference or other study event and to ensure parity of access and funding for study leave across YDH. Study leave procedures cover consultants and associate specialists, locum doctors on NHS contracts.**

## Study leave

Clinical and non-clinical study leave is provided to enable consultants to take part in:

- study on a course or programme
- attending professional conferences and seminars
- training for personal development.

### Study leave entitlements

30 days in a rolling three-year period (10 days per year on average). More than 10 days may be taken in one year, but no more than 30 can be taken across the three-year period.

Please note: Doctors who end their contract part way through a leave year will need to work back any study days that they have overtaken. For example, if you have taken 12 days' study leave and leave YDH within six months of starting your contract, you will need to work back seven days, because your entitlement for six months is five days.

### Process

You should complete a training-fund application form stating the expected expenses and giving a minimum of six weeks' notice where possible. Once authorised, this form should be submitted to the appropriate rota coordinator for recording purposes. All four sections of the form must then be signed off, confirming that the course is appropriate before submitting it to the Yeovil Academy for consideration of training funds. To guarantee

payment – all training and study leave applications must be approved before booking. (NB. clinical directors should obtain the approval of the Medical Director.)

All study leave will be approved through your usual department process and recorded by the appropriate rota coordinator. Locum cover will only be provided in exceptional circumstances, with the prior agreement of the General Manager and Clinical Director.

Study leave on a day you are not required to work  
If you take a "study day" on a day you are not required to work, whether a weekday or a weekend, you may claim this time back according to the following principles:

- If the study day is required for your medical or extended roles (including CPD, revalidation or appraisal), you may claim back TOIL (time off in lieu) as annual leave.
- The decision as to whether your study day is required, is determined after discussion with your:
  - Clinical Director for senior medical staff or
  - Clinical Tutor/Clinical Supervisor for SAS doctors.
- In cases of disagreement, the Chief Medical Officer will act as arbitrator.
- Every effort should be made to spread study leave evenly across the year.
- TOIL cannot be reclaimed for private study.

### Overseas study leave

Overseas study leave will be subject to the same conditions as domestic study leave. When granted, this will be deducted from the 10 days' entitlement per year. Subsistence will be paid as per UK study leave. Travel will be paid to the point of exit from the UK. In exceptional circumstances (or where it can be demonstrated that overseas travel to a conference is overall less expensive than travelling to attend a similar learning opportunity in the UK), a contribution may be made towards long-distance travel at the discretion of the Medical Director and the approval of the relevant



Clinical Director and General Manager.

#### **Payment for course fees, travel and subsistence**

Course fees are met from the centralised YDH training budget. There is £800 per year available to support each doctor's training needs, with a maximum of £2,400 available over a three-year period. These funds are non-transferable and individual entitlement is dependent upon satisfying the criteria as described within this policy.

Should someone apply to attend an expensive course or other approved event, this can be considered, at the Chief Medical Officer's discretion, taking into account the amount of study leave funds already claimed by the individual within a three-year period.

All applications to attend individual courses over the value of £500 will be vetted by the Chief Medical Officer.

Subsistence allowances and travel within the UK will be reimbursed in line with local HR policy and are additional to the £800 study budget. Approval for reimbursement must be obtained in advance (at the same time the study leave is requested) and will not be considered if submitted retrospectively.

Claims for approved reimbursement should be submitted no later than three months after the study leave has been taken. Forms submitted after this date will not be paid, unless there has been extenuating circumstances that will be reviewed by the business manager on a case-by-case basis.

Exams are not eligible for funding, however, exam preparation courses may be applied for.

Non-training grade doctors may apply for reimbursement of fees paid to a Royal College to facilitate discretionary access to a training e-portfolio.

#### **Payment**

Payment for travel and subsistence expenses can only be made upon submission of an online claim submission, together with receipts for the expenses claimed. This should be submitted within three months of the leave being taken to the department's General Manager, who will process and send it to the Payroll Department for payment.

Where funding has been approved to cover course fees, the Academy will arrange booking and payment for places. Where this is not possible, staff will be reimbursed the cost agreed following submission of an expenses claim.

Failure to attend any course without prior notification or application for funding will result in no associated costs being met by YDH.

#### **Information acquired from courses**

You are expected to share appropriately with colleagues and the clinical team information you gain from attending external study leave courses. In particular circumstances, the Chief Medical Officer may request a written report from the attendee for use or dissemination within YDH.

## **Professional leave**

#### **Professional leave entitlement**

Consultant medical staff and associate specialists – up to six days per annum at the department's discretion.

Management and professional leave is defined as any professional commitment outside the consultant's contract with YDH for which they will be away from their normal duties as detailed in the job plan.

Such leave includes:

- examining (eg in the role of an approved examiner)
- lecturing
- external member of an advisory appointments committee
- Research outside YDH
- national, regional or Royal College work in the interests of the wider NHS
- deanery work
- teaching on recognised training courses such as ATLS
- working for a government department
- inspection for the Health Standards Committee
- assessments for the National Clinical Assessment Authority
- specified work for the GMC
- chairing national and regional speciality groups.



Please note:

- Trade union duties are counted as additional leave not covered in above categories but should be requested following the same process.
- YDH will provide trade union representatives with reasonable time off to undertake the duties of their role, usually about three hours per week and includes training.
- Additional time off outside of the above time for trade union representative duties or projects will be negotiated as appropriate with the Clinical Director.

**Process**

Any subsistence expenses should be discussed with the General Manager before making an application for management and professional leave.

Professional leave should be applied for in the same way as study leave, using the appropriate management form and giving six weeks' notice where possible.

**Annual leave**

Annual leave for all doctors is allocated in line with the terms and conditions of service according to their grade. Details can be found on the HR pages of YCloud.

When taking a week of annual leave, the full contracted number of days must be taken regardless of the clinical commitments that are cancelled. For example, if a consultant is contracted to work 10 PAs during a week, five days must be deducted from the annual leave allowance for a week of leave.

So, if a doctor works 10 sessions over four days, which is 10 hours per day Monday-Thursday, the doctor must book 40 hours of annual leave.

Annual leave must be requested evenly across all types of job-planned activity (SPA and DCC) and distributed across the year. A disproportionate amount of annual leave must not be taken in DCC time. On-call days falling within an annual leave period should be swapped before the leave is booked.

**Please note:** The standard principles for annual leave are outlined elsewhere in this HR manual.

**Less than full-time doctors (LTFT)**

LTFT doctors will receive a pro-rata leave allocation, including bank holidays. Once the annual leave entitlement (inc bank holidays) has been calculated, if you take a bank holiday that falls on a working day, the number of hours job planned for that day should be deducted from the total leave allocation.

For example:

Date of leave request	Hours due to work	Hours to deduct from leave
22 March 2021	10 Hours	10 Hours

**LTFT FAQs and example**

Annual leave example:

**Contract 32 Hours (eight sessions)**

Full-time leave entitlement = 27.2 days or 217.6 hrs  
 34 days pro rata  
 Full-time bank holidays = 6.4 days or 51.2 hrs  
 eight days pro rata

**Total leave available = 33.6 days or 268.8 hrs**

If you work a combination of shift lengths (eg short and long days), annual leave should be calculated in hours and taken in hours not days.

**Q. If I work a longer day of 10 hours, do I subtract a standard day of eight hours from my leave entitlement?**

**A.** No, you must subtract the total number of hours you are contracted to work on that day, including on a bank holiday:

For example:

Date of leave request	Hours due to work	Hours to deduct from leave
22 March	10 Hours	10 Hours
23 March	7.5 Hours	7.5 Hours



**Q. Do I have to request leave for non-working days?**

**A.** No, however it may be useful to notify your department in case of an emergency that you will not be available on those days. NB If SPA takes place off site, this is still classed as a working day and must be requested.

**Q. Can I move my SPA sessions to create a day off and work the time back elsewhere in the week?**

**A.** No, you should not move an SPA session to create an "off" day. At least 50% of SPA work must be completed on site. Any SPA to be taken off site must be agreed with the Business Manager and Clinical Director as part of the annual job planning process. All SPA work must be clearly documented. Any changes to timetabled sessions must be agreed with the General Manager and Clinical Director and regular changes should be discussed as part of the job-planning process.

**Q. What happens if the annual leave allocation for bank holidays is less than the number of hours required to take all of them off?**

**A.** If you work Mondays as part of your less-than-full-time working hours, it is possible that your accrual of bank holiday leave will not cover the number of hours required to take off all the bank holidays that fall on a working day. In these circumstances you will be required to use part of your annual leave allowance to make up the difference. Any bank holidays that fall on a non-working day are not deducted from the leave allowance. Alternatively, agreement may be sought with your department to swap your working days on these weeks the decision will be based on service provision.

**Q. How do I take my annual leave in days if I work a variety of shift lengths?**

**A.** If you work shifts of varying lengths, you must calculate your annual leave in hours to ensure you take the right amount of time.

**Q. If I work five days a week, do I get full-time annual leave entitlement?**

**A.** No, working five days a week does not automatically mean that you are a full-time worker. Full time is 40 hours per week/10PAs. Annual leave is accrued according to contracted hours/PAs. If you work less than full-time hours across five days, you should take and calculate your annual leave in hours.

**Other FAQs****Q. How should I manage my annual leave if I work full time in less than a five-day working week?**

**A.** In this scenario, you would still be entitled to the full-time annual leave allowance. However, please be mindful of the following points when requesting and calculating your leave.

- Leave should be calculated and taken in hours, not days. As with LTFT working, the accrual of bank holiday leave may not cover the number of hours required to take off all the bank holidays that fall on a working day. In these circumstances you will be required to use part of your annual leave allowance to make up the difference.
- Bank holidays that fall on a non-working day are not deducted from the leave allowance. Alternatively, agreement can be sought with your department to swap your working days on these weeks



# Recruitment and selection of consultants

## 1 What this policy covers

**YDH is committed to equality of opportunity in employment and the recruitment of a diverse workforce regardless of race, gender, age, religion, nationality, belief, sexual orientation, criminal conviction history or disability.**

It recognises that the recruitment and selection of consultants is central to the achievement of its business goals and objectives and therefore selections for appointment will be based on merit.

Where possible, the recruitment of consultants at YDH will be undertaken in line with guidelines issued by the Department of Health, NHS Employers, General Medical Council (GMC) and the Royal Colleges.

This policy outlines the responsibilities and processes involved in the recruitment of consultants, and can only be varied in exceptional circumstances with agreement of the Medical Director and Human Resources.

## 2 Principles

- YDH will carry out recruitment activities and place advertisements (both internal and external) while acknowledging its responsibilities in regard to its own internal policies (eg equal opportunities, flexible working), employment legislation and best practice.
- YDH will seek to recruit and retain the highest quality staff in a timely, professional and cost-effective manner while working to high professional, ethical and business standards.
- YDH will utilise effective recruitment and retention procedures to reduce dependency on locum and agency staffing where possible.

## 3 Responsibilities

### Strategic Business Unit/Business Units

The SBU and BU are responsible for identifying the vacancy and confirming the recruiting manager who will usually be the BM and CD.

The Recruiting Manager is responsible for:

- gaining appropriate approvals for the post
- completing the appropriate paperwork to advertise (ie advert and ATR form, job description and Job Plan)
- providing the appropriate questions for the focus group
- leading/participating in the selection process
- providing feedback to unsuccessful applicants and candidates
- agreeing the start date with the successful candidate and completing new starter paperwork
- inducting the new starter in line with YDH's induction process
- Monitoring and supporting the new consultant to ensure they are settling in to their new role.

### Abbreviations used within the policy

AAC	Advisory Appointments Committee
BMJ	British Medical Journal
CD	Clinical Director
GMC	General Medical Council
RC	Royal College
SBU	Strategic Business Unit
BU	Business Unit
BM	Business Manager
ATR	Authority to recruit

The AAC Chair is responsible for:

- ensuring the AAC has a shared understanding of the role and the requirements of the appointment
- agreeing the questions that will be asked of each candidate at the AAC
- chairing the AAC and ensuring the process outlined within this document is adhered to
- ensuring the panel comes to an agreed decision and recording the decision of the panel using the correct paperwork
- offering the position subject to Board approval and pre-employment checks.

AAC members, including the Chair, are responsible for:

- deciding which candidate should be appointed using the facts and evidence available at the selection day
- having an awareness and understanding of their responsibilities under equality and diversity legislation and acting in accordance with these
- attending the AAC or providing a nominated deputy to attend in their place
- declaring prior knowledge of a candidate
- providing feedback to unsuccessful applicants or candidates.

The Shortlisting Panel is responsible for:

- having an awareness and understanding of their responsibilities under equality and diversity legislation and acting in accordance with these
- undertaking shortlisting of applicants in a timely fashion against the person specification, using NHS Jobs
- declaring prior knowledge of a candidate
- providing feedback to candidates who have not been shortlisted.

The Chair of the Focus Group (Clinical Director) is responsible for:

- ensuring the group members have a shared understanding of the role and the requirements of the appointment
- agreeing the clinical scenario ensuring it allows for adequate assessment in line with the competencies to be assessed
- chairing the group, ensuring that it is effective and timely

- ensuring a scoring form is completed for each candidate with notes
- providing feedback on the behalf of the group to the AAC using the correct documentation.

Human Resources is responsible for:

- ensuring timely, effective and robust systems and processes are in place throughout the recruitment and selection process in line with good practice and YDH policy
- providing appropriate training for AAC members
- gaining Royal College approval for the job description and Job Plan where appropriate
- advertising the position and coordinating the recruitment process, including setting up the AAC
- ensuring equality and diversity information for applicants is recorded on NHS Jobs
- ensuring all candidates have the required professional registration
- undertaking the psychometric assessment required and providing feedback to the AAC and the candidate
- undertaking all pre-employment checks in line with the Recruitment and Selection Policy
- liaising with the CD and BM to agree timescales and a start date for the successful candidate
- issuing the offer/contract letter
- informing the MD and CE of the successful candidate's start date
- ensuring all recruitment and selection process information is kept securely and is destroyed appropriately within the correct timeframe.

## 4 Policy in practice

### 4.1 Establishing and approving the vacancy

The BM and CD are responsible for identifying the post to be recruited for and obtaining appropriate approval via the YDH ATR process. They will be responsible for overseeing the recruitment and induction process and will be the main point of contact for Human Resources throughout.

They are responsible for writing the advert text, Job Plan, job description and person specification, which must outline the minimum qualifications, skills and experience required to perform the post. It should distinguish between what is "essential" and "desirable".



The advert and ATR form, job description, person specification and Job Plan should then be emailed to the Senior Finance Manager for budgetary approval. They will approve the vacancy and send to Human Resources, which will submit it to the weekly directors meeting. Once approved, notification will be sent to Human Resources and the CD/BM.

Human Resources will review all documentation and make changes, if required, to ensure legal compliance. Please note that fundamental changes will not be made, for example, to hours or salary, which have been approved through the ATR process. Any changes will be discussed with the CD/BM.

#### 4.2 Advertising

Human Resources will liaise with the CD (on receipt of approval from the Regional Adviser, if relevant), to agree the date of advertisement, shortlisting and interview. The post must be advertised in two publications – normally the *British Medical Journal* (BMJ) and NHS Jobs website for a minimum of three weeks.

#### 4.3 Royal College involvement

The CD will advise Human Resources as to whether they require Royal College assistance with the recruitment. If so, the advert, job description, person specification and Job Plan will be sent to the appropriate regional advisor of the relevant Royal College or faculty for approval.

The Royal College will be advised of the recruitment timetable and be asked to return approval within four weeks. Where approval has not been received within four weeks, the post will proceed to advert without approval, to ensure that there is no unnecessary delay. If Royal College approval is not requested, the process will continue without the Royal College advisor's involvement at shortlisting or the selection day.

#### 4.4 Using an agency

It may be agreed to use an agency for difficult-to-fill consultant appointments. Where an agency is involved, a senior member of Human Resources will act as the main point of contact for the campaign and will liaise with the agency to ensure compliance with this policy.

#### 4.5 The Advisory Appointments Committee (AAC)

Human Resources will convene the AAC, scheduling interview dates one year in advance. The AAC will

normally include the following people (\*essential):

- the Chief Executive\* (or nominated deputy) – AAC Chair.
- the Medical Director\* (or nominated deputy)
- the Clinical Director\* for the specialty (or nominated deputy)
- a representative of the relevant Royal College or faculty or another external representative, at the request of the CD
- internal/external consultant, at the request of the CD, if the vacancy is for a post within a specialist area.

The Human Resources Manager/Business Partner will attend all AAC Interviews acting as an advisor to the panel regarding process, taking notes of the process and coordinating the selection day. The AAC panel must have at least three members and must include the essential members or their nominated deputies. The Chief Executive (or nominated deputy) will chair the AAC interview.

#### 4.6 Application process

Applicants must apply via NHS Jobs, save for exceptional circumstances where an agency may be used. Applicants will be asked to answer specific questions to demonstrate how they meet the essential requirements identified on the person specification and will also be expected to provide a current CV. Equality and diversity monitoring information is required from all applicants and will be recorded on NHS Jobs.

On receipt of an application, Human Resources will undertake GMC verification to ensure inclusion or eligibility for inclusion on the Specialist Register. If an applicant is not on the GMC Specialist Register or within six months of their CCT, they will be informed that their application will not be forwarded for shortlisting.

#### 4.7 Shortlisting of candidates

The shortlisting panel will consist of:

- the Medical Director
- the relevant Clinical Director
- external representative(s) (college representative or specialist external consultant) if attending the AAC interview
- consultant from the specialty, as advised by the Clinical Director.



Notification will be sent by email to the shortlisting panel within 48 hours of the vacancy closing date to advise them that the shortlist is ready for their consideration. They will be sent a link to NHS Jobs to complete the shortlisting online.

Shortlisting will be carried out against the person specification and must be completed within one week of receipt of the shortlist. Each member of the shortlisting panel is responsible for scoring each applicant providing evidence of their decision. This may be required at a later date, should the decision be challenged.

Where there is no overall consensus about shortlisting decisions, the final decision will rest with the MD.

Upon receipt of all shortlisting from the panel, Human Resources will invite successful applicants to interview, advising them of the selection methods to be used and the programme for the day.

References will not be requested prior to the selection day and therefore will not be used to make a decision at the AAC Interview.

Any applicants who are unsuccessful at this stage will be notified in writing by Human Resources and offered further feedback from the shortlisting panel.

#### 4.8 Selection

##### **Psychometric and values-based assessments**

Psychometric and values-based assessments will be undertaken to assess to what extent a person's approach, attitudes and motives align with the post's demands, YDH's values of and the culture of our working environment.

These assessments will be undertaken by a qualified assessor prior to the AAC panel. The outcome of the assessments will be provided to the AAC for exploration at interview.

Human Resources will send information about the psychometric and values-based assessment process to all shortlisted candidates who have advised that they will attend the selection day. They will ensure that all tests are completed and collate the feedback, which will be included within the AAC interview packs.

##### **The selection day**

This will comprise of two selection tasks, the content of which will be relevant to the specialty.

##### **Selection task one: focus group**

This session will be managed by the CD (or nominated deputy) and include a maximum of six clinical colleagues from the multidisciplinary team. A clinical scenario will be presented to the candidate for discussion.

This task will run for 30 minutes per candidate. During these tasks candidates will be scored on the following competencies using the template scoring form:

- clinical ability
- communication style
- problem-solving
- leadership and delegation
- personal style and conduct.

##### **Selection task two: formal interview with AAC with optional presentation**

The AAC will not proceed if there are less than three members present; a suitable deputy or alternative member should be found for essential members.

The AAC interview will last for at least 60 minutes. The AAC can choose to include a 10-minute presentation or discussion session during this time. In such cases candidates will be provided with the presentation title at the beginning of the selection day and will be assigned 20 minutes to prepare.

Prior to the commencement of the interviews, the Chair of the AAC will ensure that the AAC has a common understanding of the criteria, drawn from the job description and person specification. He/she will agree the questions to be asked and the order in which this will take place. These will be recorded on the AAC Questions and Score Sheet.

Any AAC member with prior knowledge of a candidate must declare this to the Chair.



Each AAC member will receive an Interview pack containing:

- candidate application forms and CVs
- AAC questions and score sheet to take notes for each interview
- the Chair will also receive a final decision sheet.

Each candidate will be interviewed and the AAC will make its recommendation against the person specification based on their interview, feedback from the other selection tasks and the psychometric testing.

Notes will be taken for each interview and throughout the selection process using the AAC Questions and Score Sheet. All people involved in the process should be aware that copies of written notes can be requested and may be admissible as evidence at Employment Tribunal.

The outcome of the selection day will be recorded using the Final AAC Decision Sheet. Should any candidate raise concerns regarding the process, the conduct of the committee or the decisions made, the Human Resources representative present at the interview will work with the Chair of the AAC to resolve the matter.

#### 4.9 Post-interview process

The Chair of the AAC is responsible for ensuring the decision is recorded using the interview outcome sheet. All selection process documentation will be kept for five years, in line with the Data Protection Act.

Candidates will be asked if they wish to remain to the end of the process for them to be informed of the panel's decision, however, this is not compulsory. Following the selection process the preferred candidate will be offered the position subject to satisfactory pre-employment checks (see Recruitment and Selection Policy page 109). This will include revalidation information from the most recent employer.

References will be sought following interview from employers from the past three years for the successful candidate to support the decision made. In respect of the most recent employer, references should be gained from the CD, Matron and Medical Director. If this is not possible, at least one reference should be from the most recent employer. Personal references will not be accepted.

Unsuccessful candidates will be informed of the decision by two AAC members and given interview feedback. This will be confirmed in writing clearly stating whom they can contact for more detailed feedback on the interview and the personality psychometric assessment.

An offer letter will normally be sent to the successful candidate within 48 hours by HR, with all necessary paperwork for completion. HR will then ensure that all relevant pre-employment checks are completed.

#### 4.10 Start date

The CD and successful candidate will discuss and arrange a provisional start date, however, this will be subject to completion of the pre-employment checks.

Once all pre-employment checks have been completed, the CD/BM will be informed and asked to complete a new starter form. Human Resources will advise on issues of seniority, starting salary, incremental date and annual leave.

HR will be responsible for informing the Medical Director and Chief Executive of the successful candidate's start date. The Chairman, Chief Executive, Medical Director and Director of Postgraduate Medical Education will arrange to meet with new consultants to welcome them to YDH and to talk about our values, goals and expectations.

#### 4.11 Induction

The CD is responsible for planning and overseeing the new starter's induction in line with YDH's induction procedures. HR will book the new starter to attend the next available corporate induction day following their start date and inform the new consultant, the CD and BM of the date.

The CD should ensure that the new starter attends the corporate induction day and that they receive a thorough local induction. Paperwork to evidence this should be sent to HR. HR will also identify a mentor for the new appointee, as well as any initial development needs and plans to address these.

The CD must ensure that the newly appointed consultant Job Plan is reviewed three months after commencing employment and that their appraisal has been scheduled.



# Revalidation

## 1 What this policy covers

**All doctors must undergo an annual appraisal to maintain evidence to support the appraisal process and meet the requirements of revalidation as set out by the General Medical Council (GMC).**

Revalidation is the process by which doctors demonstrate to the GMC that they remain up to date and fit to practice. All doctors must participate in a five-yearly revalidation cycle that was introduced across the UK in 2012.

The appraisal's primary aim is to identify personal and professional learning and development needs, which should result in a personal development plan (PDP) prioritising those needs for the year ahead.

It provides a framework to ensure that all doctors have an annual two-way discussion regarding their practice and career development and an opportunity for a review of achievements and challenges over the preceding year.

The appraisal process is underpinned by the GMC's Good Medical Practice Framework (GMP), the four domains and 12 attributes defining the principles and values on which doctors should base their practice. Effective medical appraisal and subsequent revalidation will satisfy the requirements of GMP and support the doctor's professional development.

This policy outlines the principles, responsibilities and processes for appraisals and how it links to other YDH policies. Further information is available on the GMC website in particular: The Good Medical Practice Framework for Appraisal and Revalidation (GMC March 2013), Good Medical Practice (GMC April 2014) and Supporting Information for Appraisal and Revalidation (GMC March 2012).

## 2 Principles

- YDH aims to ensure that performance appraisal meetings reflect its Equality and Inclusion and iCARE principles.
- Adherence to this policy will provide consistency across YDH to ensure that all medical staff benefit from regular appraisal and development.
- All staff are encouraged and supported in delivering high-quality performance and to develop to their full potential.

## 3 Responsibilities

The Chief Executive is responsible for ensuring all consultants and permanent medical staff undergo an annual appraisal and that this is linked to YDH's processes for clinical governance, quality, risk management and achievement of service priorities (via Job Planning).

The Chief Executive has nominated a Responsible Officer, a statutory role, the legislation and regulations for which were introduced in the UK on 1 January 2011. The Responsible Officer for YDH is Dr Meridith Kane, Associate Medical Director.

The Responsible Officer and Medical Director are responsible for those aspects of local clinical governance that deal with the performance and conduct of doctors, including appraisal.

The Responsible Officer is responsible for:

- providing a recommendation, every five years, to the GMC on whether a doctor is practicing to the appropriate standards and therefore whether he or she should be revalidated. They will do so based on the supporting information presented to them. Their decision will largely be based upon the outcome of



- the strengthened appraisal process
- ensuring that the organisation has necessary systems in place to facilitate this
- producing an annual report to the YDH Board confirming YDH's appraisal status
- ensuring that there are adequate numbers of trained appraisers, representing all specialities, available to undertake the appraisal process
- participating in an annual appraisal of the Responsible Officer role with the Responsible Officer for NHS England South or their nominated deputy.

The practical management of tasks necessary to allow the Responsible Officer to undertake his/her role may be delegated to a YDH Appraisal and Revalidation Lead and/or designated Human Resource staff.

Divisional Directors and Clinical Directors are responsible for ensuring that all doctors working within their clinical areas of responsibility participate in the annual appraisal process and that speciality-specific guidance is followed.

Appraisal is part of normal YDH corporate activity. In carrying out this work, appraisers and Responsible Officers are indemnified by YDH unless they have acted with negligence.

#### **YDH Revalidation Group**

The processes of appraisal and revalidation will continue to evolve in coming years. A YDH Revalidation Group will meet on a monthly basis to review YDH appraisal and revalidation arrangements and associated processes, and to consider any issues arising.

Membership of the YDH Revalidation Group will include the Responsible Officer, YDH Revalidation Lead, Medical Director, Associate Medical Directors, Human Resources and Clinical Governance representatives.

#### **Appraisers**

The appraiser is responsible for ensuring rigour in the appraisal process. Appraisers will be required to make a judgement, based upon the appraisal meeting and supporting information presented, as to whether the appraisee is making satisfactory progress towards revalidation.

All appraisers must undertake recognised appraisal training before they can conduct an appraisal. A list of

YDH approved appraisers is available to staff on YCloud, as well as on PReP. See page 212 for details of the selection, training and support of medical appraisers.

Clinical Directors will undertake an annual appraisal of their management role with the appropriate Associate Medical Director or the Medical Director. Associate Medical Directors will undertake an annual appraisal of their management role with the Medical Director. The Medical Director will undertake an annual appraisal of his/her management role with the YDH Chief Executive.

Senior managers within YDH who maintain a clinical role (eg Medical Director, Associate Medical Directors, Clinical Directors) must also participate in an annual appraisal of their clinical role. The outcome of any management role appraisal may inform this process.

Medical Staff have a personal responsibility to maintain a portfolio of evidence relating to their professional development and clinical activities for YDH NHS FT and any other organisation for which they provide services, whether paid or voluntary, and to ensure they participate fully in the appraisal process.

## **4 Policy in practice**

### **4.1 The principles and aims of appraisal**

Appraisal is a two-way process that supports personal and professional development, reviews someone's achievements against agreed professional objectives and ensures that performance standards are being met. The process provides an opportunity for senior doctors to meet with a trained appraiser to reflect on their work, considering how success might be improved, while also identifying areas of excellence.

Appraisal should be a supportive and reflective process, informed by valid and verifiable supporting evidence, reflecting the scope and breadth of a doctor's practice.

### **4.2 Process**

#### **Appraisal documents and portfolio**

As part of the strengthened appraisal process, the appraisee will be required to present supporting information for their specialty of practice as stated by their relevant Royal College/Faculty and agreed by the GMC. This will include information regarding the completion of appropriate CPD.

Royal Colleges and the GMC have published guidance covering the expectations of information required to support the appraisal and revalidation process, including guidance on the assessment of professional behaviour in light of evidence provided by the doctor during appraisal. Key information and links to relevant documents and websites can be found on the Revalidation section of YCloud.

All doctors must keep and maintain an ongoing portfolio of documentation to support appraisal and therefore revalidation. The portfolio should consist of:

- evidence to support the GMC's GMP framework, personal and organisational effectiveness and progress towards the goals identified on the PDP
- information providing evidence to support GMP for past appraisals
- copies of previous appraisal discussions, agreements and PDPs
- other relevant documents (eg college folders, training documents, CPD, log books, etc).

### Supporting information

Senior medical staff should collect evidence to support the appraisal process, including the results of audits at either local or national level. The GMC has produced guidance on the type of information that needs to be presented (visit [www.gmc-uk.org](http://www.gmc-uk.org)).

At the start of the appraisal year, the YDH Clinical Governance Department will provide relevant information about the preceding year. This will include:

- an annual report of complaints for each doctor supplied to the individual
- an annual report of incidents identified through the risk management system
- an annual report of root cause analysis investigations undertaken
- activity data/ Dr Foster/PROMS data where available
- audit/quality improvement activity.

This information should be requested from the Clinical Governance Department at least four weeks before the planned appraisal meeting.

### The appraisal meeting

This should include:

- general discussion of the period under review, overall objectives and achievements of the individual within the context of the service and organisational needs
- consideration of opportunities to optimise the use of skills and resources in achieving the delivery of high-quality care
- discussion of the individual's strengths, how these may be developed, areas of performance that could be improved and how this may be achieved
- consideration of the support, training and development needs required to support the PDP
- an opportunity, where appropriate, for doctors to discuss and seek further support for their participation in external activities, either within or without the healthcare economy.

If the information provided to an appraiser is insufficient to allow an accurate evaluation of performance, the appraisal meeting cannot take place. The appraiser should discuss this with the doctor with a view to amending or supplementing the information where possible. In this situation, the appraiser and appraisee should agree a list of the further evidence required. If this material cannot be provided in a timely manner prior to the planned appraisal meeting, the meeting should be postponed and a suitable new date re-booked.

If during the course of an appraisal meeting it is decided that further supporting information is required to allow an accurate assessment of a doctor's performance, the appraisal meeting should be halted and a continuation of the meeting re-booked within a short timeframe.

Failure to produce satisfactory evidence in a timely manner will result in the appraisal not being signed up and the Responsible Officer is unlikely to be able to recommend revalidation.

### Personal Development Plans (PDP)

At the end of the appraisal meeting a summary of the appraisal discussion with agreed actions and a PDP should be completed. This must include clear objectives, standards and targets to be met/worked towards during the subsequent appraisal year. Where applicable, individual objectives specified in the PDP should reflect the objectives of the service/YDH.



The PDP is a “live” document and should be developed at intervals during the appraisal year as goals are achieved and new goals set. Such changes to the PDP do not need to wait until the annual appraisal meeting.

Failure to achieve the objectives set out in the PDP will be explored at the subsequent appraisal meeting. Use of YDH’s electronic appraisal and eportfolio system (PReP) is mandatory for all permanent medical staff.

Staff can expect to be appraised by someone from their own speciality, unless they choose otherwise. If medical staff choose an appraiser from out of their speciality, the appraiser must have a clear understanding of the appraisee’s roles and responsibilities.

There may be occasions when the Responsible Officer allocates a specific appraiser to an individual. This may occur where specific concerns or personal issues exist. On such occasions, this decision will be fully discussed with the appraisee.

An appraiser can refuse a request for an appraisal meeting based upon a lack of understanding of the appraisee’s role and responsibilities, a perceived conflict of interest, if the appraisee has appraised them within the preceding 12 months or if the appraiser has already undertaken more than the agreed number of appraisals within that appraisal year. If a request for an appraisal is declined on two occasions within an appraisal year, the appraisee should contact the YDH Appraisal and Revalidation Lead or Responsible Officer who will assist them in finding a suitable appraiser.

It is recommended that no more than two consecutive appraisals are conducted by the same appraiser for any individual. This allows for a broader evaluation of competencies within the revalidation period. If someone wants to have a further appraisal with the same appraiser, this meeting must also involve a second appraiser.

### Frequency

Appraisal is a mandatory annual process, with the appraisal year running from 1 April to 31 March. Each consultant and non-consultant career grade doctor must have an appraisal within the appraisal year and there must be five appraisals in any five-year revalidation cycle.

Appraisals should be arranged during flexible/supporting professional activity time. Direct clinical activity should not be cancelled.

All new YDH employees should have their first appraisal meeting six months after commencing their employment, then annually thereafter. Appraisal records must be signed off by the appraisee and appraiser no later than one calendar month following the appraisal meeting, and within 12 months of their previous appraisal.

### Appraisal of other roles within the organisation

Senior medical staff may undergo appraisals linked with other non-clinical roles (eg medical management, educational appointments, etc). These are separate to the appraisal of the doctor’s clinical work, but the outputs generated from these focussed appraisals must be part of the information provided to support the annual appraisal discussion. The appraisal documentation related to these roles should be archived in the appraisal portfolio.

### Deferral of appraisal

There are exceptional circumstances when a doctor may request that an appraisal is deferred such that no appraisal takes place during one appraisal year. It is important that these instances are dealt with in an appropriate, timely and consistent manner, minimising bureaucracy and ensuring that all doctors benefit from appraisal at a time that meets their professional needs.

Instances when a doctor may request a deferment may include:

- breaks in clinical practice due to long-term sickness or maternity leave
- breaks in clinical practice due to working abroad or taking a sabbatical.

Doctors who have a break from clinical practice may find it harder to collect evidence to support their appraisal, particularly if being appraised soon after their return to clinical practice. An appraisal, however, can often be useful when timed to coincide with a doctor’s reintroduction to clinical work to help plan their re-entry.

Appraisers will use their discretion when deciding the minimum evidence acceptable for these exceptional appraisals.



As a general rule it is advised that doctors having a career break:

- **In excess of six months** – should aim to be appraised within six months of returning to work
- **Less than six months** – should aim to be appraised no more than 18 months after the previous appraisal and wherever possible timed such that an appraisal year is not missed altogether.

Each case can be dealt with on its merits and someone must not be disadvantaged or unfairly penalised as a result of pregnancy, sickness or disability. Doctors who think they may need to defer their appraisal should discuss this with the Responsible Officer as soon as possible. Appraisals may be deferred at the specific request of the Medical Director or Responsible Officer, where a doctor is already under investigation for fitness to practice concerns.

#### **Exemption from appraisal**

Consultants, SAS doctors and locums who have been in post for less than six months prior to the end of an appraisal year will be exempt from the appraisal process for that year, but they will be expected to meet with the Clinical Director/CSL to agree and document relevant service-related objectives within the first job planning meeting.

All other consultants/SAS doctors who have been in post for more than six months (including long-term locums and time spent in post as a locum prior to substantive appointment) will be expected to participate fully in the appraisal process.

Senior staff new in post should have an initial appraisal after six months in post to set a PDP. The subsequent appraisal should be approximately nine-12 months later. This reflects evidence from the NCAS relating to transitioning from training posts to non-training posts.

#### **Exception reporting and sanctions**

The CD/CSL will be asked by the Responsible Officer or their deputy to carry out an investigation to find out why an individual doctor has not completed an appraisal in line with this policy. A report on the investigation will be submitted to the Responsible Officer and appropriate action will be taken.

Doctors who have not completed an annual appraisal are not eligible for pay progression nor can they apply for clinical excellence awards/discretionary points unless deferment on exceptional grounds has been agreed with the Responsible Officer. YDH has the right to terminate the contract of a doctor or dentist if they persistently refuse to undergo annual appraisal without good reason.

#### **Conflict of interest**

It is the responsibility of the appraiser to declare when there is a potential conflict of interest (eg where appraiser and appraisee share common business or financial interests or have a personal or family relationship). In such circumstances, the appraisal must be conducted by another trained appraiser. Reciprocal appraisal must not occur (ie where two doctors appraise each other within the same appraisal year).

#### **Complaints and appeals**

Where the appraisee has cause for complaint about the appraiser or the appraisal process, the Medical Director, Associate Medical Director or Responsible Officer must be consulted. Issues pertaining to the appraisal process or policy will be referred to the YDH Revalidation Group for consideration. Someone may also appeal an unresolved issue via the Grievance Policy (see page 50).

#### **Failure to agree an appraisal summary or PDP**

If an appraiser and appraisee are unable to agree upon and sign an appraisal summary or PDP, the appraiser must inform the Responsible Officer in writing. This correspondence must set out the reasons for failing to reach agreement. The Responsible Officer must then meet with the appraiser and appraisee to discuss the reasons given and to plan any further action necessary to allow completion of the appraisal process.

## **5 Other considerations**

### **5.1 Issues needing specialist advice**

If a particular issue arises during the appraisal meeting that requires specialist input, a further meeting should be arranged. Depending on the issue, a specialist may be sought from within or outside the Trust. Where this is from outside YDH, the Responsible Officer should be involved in the selection of appropriate sources.



### 5.2 Poor performance/cause for concern

The appraisal discussion is confidential between the appraisee and the appraiser, however, a summary of the appraisal discussion and a copy of the agreed PDP will be made available to the Responsible Officer and YDH appraisal support staff.

If, during an appraisal interview, the appraiser becomes aware of a serious issue, whether it is a health, conduct or performance matter, requiring further investigation, the appraisal may be suspended and the appraiser must advise the appraisee that the issue will be escalated to the Responsible Officer who will determine what action should follow.

Serious issues relating to poor performance will most often arise outside of the appraisal process and must be dealt with promptly through YDH's agreed performance procedures. Such issues should not wait until the next scheduled appraisal, nor is it appropriate that they should be explored through the appraisal process.

More minor issues of sub-optimal performance may come to light during the appraisal process. There must, therefore, be detailed documentation of the discussion of these issues and a clear timescale and action plan within the PDP.

### 5.3 Investigations and disciplinary procedures

If a doctor's practice is under investigation or he/she is subject to disciplinary procedures, the appraiser must be informed. The ongoing investigation/disciplinary procedures must be documented in the final agreed appraisal summary, to be signed and submitted to the Responsible Officer, but such ongoing investigations must not influence the appraiser when signing off the appraisal summary.

### 5.4 Confidentiality and information storage

Access to stored appraisal summaries and PDPs for quality assurance and audit purposes (either internal or external) will be limited, in most circumstances to the Responsible Officer, members of the YDH Revalidation Group and appraisal support staff.

Access to appraisal data may also be granted, as necessary, to relevant professionals where there is an ongoing investigation into performance concerns.

The Health and Social Care Act 2008 allows for sharing of information between health organisations in accordance with the function of revalidation. Requests for such information should be made via the Responsible Officer.

YDH appraisal records are exempt from the Freedom of Information Act. Documentation will be stored for the duration of the individual's employment with YDH and for five years thereafter.

### 5.5 Quality assurance

YDH will quality assure the appraisal process and ensure that the appraisal systems and processes are effective using the tools set out in the GMC document *Assuring the Quality of Medical Appraisal*.

A qualitative analysis of appraisal summary documents and PDPs will be carried out each year. An electronic appraisee feedback form will be completed after each appraisal meeting and reviewed by the Responsible Officer and appraisal support staff. The results will be collated and will form part of an annual appraisal and revalidation report to the YDH Board. Each appraiser will be sent an annual summary of their personal appraisee feedback information.

## 6 Links to other procedures/processes

### Clinical Excellence Awards

Annual appraisal is a mandatory requirement for all senior medical staff. Senior doctors who have not undergone annual appraisal will not be eligible to apply for Clinical Excellence Awards or Discretionary Points.

### Pay progression

The authorisation of incremental pay progression is measured against specific criteria, one of which is that all senior doctors have participated satisfactorily in the annual appraisal process.

### Job planning

Information that is gathered during the appraisal process may inform the job planning review process, which will also be undertaken each year. Discussion and recommendations relevant to Job Planning must be documented and reported to the Clinical Director and Divisional Director for consideration.

The Job Planning process is a parallel, but distinct, process from appraisal. Annual appraisal will normally take place before job planning, where the focus is likely to be on the needs of the Directorate and YDH.

### 360° feedback

Evidence in support of revalidation will include results of peer and patient review surveys. These must be undertaken at least once during every five-year revalidation cycle.

**“Anyone wishing to use feedback tools other than YDH’s must ensure that they are validated and fulfil the requirements as stipulated by the GMC. They will be personally responsible for any cost incurred”**

YDH provides a robust and validated 360° feedback tool for all consultants and non-consultant career grade doctors for this purpose (ie Edgcumbe 360) and individuals will be expected to participate.

Anyone wishing to use feedback tools other than YDH’s must ensure that they are validated and fulfil the requirements as stipulated by the GMC. They will be personally responsible for any cost incurred.

Patient and peer feedback derived from the 360° review process must be discussed with the appraiser as part of the annual appraisal. Those providing the 360° feedback to participants will have received appropriate training. Other feedback (eg thank you cards/letters/complaints) should also be included in portfolios and discussed at the appraisal meeting.

## 7 Links with other organisations

Medical Staff may have clinical duties in more than one organisation. Each individual will have one designated Responsible Officer only. The Responsible Officer will be from the organisation in which most of a doctor’s clinical practice takes place (ie Primary Employing Trust). It is the responsibility of the individual to ensure that an annual appraisal is undertaken within the primary employing trust or organisation.

The GMC provides a tool to help doctors identify their designated body. Doctors must undergo a single appraisal annually and this must cover the whole of their practice (including private practice, voluntary work, etc).

Medical staff are advised to collect information relevant to all clinical and non-clinical work for inclusion in the appraisal discussion. It is the duty and responsibility of individual doctors to provide evidence from other organisations for their annual appraisal, and to provide evidence of satisfactory appraisal to all employers if requested.

## 8 Change of employer

Information relating to all new doctors employed by an organisation will be obtained from the doctor’s previous Responsible Officer and employing organisation. This will involve the exchange of pre-employment information (including references, revalidation due date, GMC conditions or restrictions, qualifications and experience) and fitness-to-practice information (records of previous appraisals, performance monitoring information, records of any investigations, disciplinary procedures, conditions/restrictions to practice and any unresolved concerns).

## 9 Locum doctors

It is important that the clinical care that locum doctors provide is quality assured. Locum doctors also require sufficient information relating to their clinical practice for their appraisal and revalidation portfolios. Each locum doctor will have a Responsible Officer to monitor their performance. In most cases the Responsible Officer for a locum doctor will sit either within the locum agency or in the CCG/NHS England.

For all locum doctors working for more than one week at YDH, an exit report must be completed by their supervising consultant at the end of their employment. This will then be sent to the locum doctor’s Responsible Officer, with a copy also given to the locum doctor.



## The appraisal – an overview

The appraisal process is based on a number of components:

- 1 Nomination of appraiser(s).
- 2 Results of peer and patient surveys when available.
- 3 The appraisal meeting and discussion.
- 4 Agreement and structuring of the PDP.
- 5 Reporting via the appraisal documentation.
- 6 Archiving of supporting evidence within the portfolio for revalidation purposes.

### Appraisal timetable

**Six weeks before**



- Identify Appraiser and agree time and place for appraisal meeting.
- Set Appraiser and appraisal date on PReP.
- Inform Clinical Director of appraisal date.
- Collect necessary supporting information and upload to PReP.

**Three weeks before**



- Ensure appraisal documentation/input from complete.
- Consider key issues for discussion.
- Prepare draft personal development plan for discussion.

**Two weeks before**



- Ensure input form completed and sent electronically to appraiser.

**Appraisal meeting**



**Within two weeks**

- Ensure appraisal output form and agreed PDP signed off by appraiser and appraisee.
- Complete Appraisee Feedback form.



## Core elements of a person specification for medical appraiser

The job description and person specification of YDH appraisers incorporating core elements as recommended by the Revalidation Support Group.

### Qualifications

- Medical degree (plus any postgraduate qualification required).
  - GMC license to practice.
  - Where appropriate, entry on GMC specialist or general practitioner register.
  - For General Practitioners, entry on a Performers List.
- 
- Completion of appraisal training (this may not be a requirement prior to appointment but would need to be completed before appraisals are performed).

### Experience

- Has been subject to a minimum of three medical appraisals, not including those in training grades.
- 
- Experience of managing own time to ensure deadlines are met.
- 
- Experience of applying principles of adult education or quality improvement.

### Knowledge

- Knowledge of the role of appraiser.
  - Knowledge of the appraisal purpose and process and its links to revalidation.
  - Knowledge of educational techniques which are relevant to appraisal.
- 
- Knowledge of responsibilities of doctors as set out in Good Medical Practice.
  - Knowledge of relevant Royal College speciality standards and CPD guidance.
  - Understanding of equality and diversity, and data protection and confidentiality legislation and guidance.
- 
- Knowledge of the health sector (eg primary care, secondary care, mental health) in which appraisal duties are to be performed.
  - Knowledge of local and national healthcare context.
  - Knowledge of evidence-based medicine and clinical effectiveness.
- 
- Excellent integrity, personal effectiveness and self-awareness, with an ability to adapt behaviour to meet the needs of an appraisee.



	<ul style="list-style-type: none"> <li>■ Excellent oral communication skills – including active listening skills, the ability to understand and summarise a discussion, ask appropriate questions, provide constructive challenge and give effective feedback.</li> </ul>
<b>Expertise, skills and aptitudes</b>	<ul style="list-style-type: none"> <li>■ Excellent written communication skills – including the ability to summarise a discussion clearly and accurately.</li> <li>■ Objective evaluation skills.</li> <li>■ Commitment to ongoing personal education and development.</li> <li>■ Good working relationships with professional colleagues and stakeholders. Ability to work effectively in a team.</li> <li>■ Motivating, influencing and negotiating skills.</li> <li>■ Adequate IT skills for the role.</li> </ul>

Appraisers are accountable to the Responsible Officer. The Responsible Officer and the YDH Appraisal and Revalidation Lead will be available to all appraisers to provide advice on all aspects of the appraisal process.

The appraisers will undertake initial training before starting to perform appraisals. New appraisers will be validated early to ensure their knowledge and skills have been assimilated and can be applied effectively.

All appraisers will carry out a minimum of three and a maximum of 10 appraisals per year on behalf of YDH, and will conduct these appraisals according to YDH policy. It is expected that on average each appraiser will undertake approximately five appraisals a year. Appraisals meetings and the necessary preparation and administration associated with the process will be carried out in the appraisers SPA time. This will be reflected in the individual's Job Plan.

There is regular review of the appraiser's performance, including annual feedback on their performance in the role and evaluation of their knowledge and skills. This will be reviewed through their own appraisal and will

also form part of the quality assurance framework of the appraisal process.

YDH will make ongoing training available for appraisers to update their skills and knowledge, particularly in the context of changes in legislation and national regulatory frameworks. Their development needs will be reflected in their annual PDP.

It is the responsibility of YDH appraisers to attend YDH facilitated appraisal CPD events. YDH undertakes to provide and resource four six-monthly development sessions for YDH appraisers, to be held on site. Professional leave will be granted to individuals to facilitate attendance, according to YDH leave regulations. All appraisers will be supplied with an annual record of their appraisal feedback reports. This feedback should be discussed at their own annual appraisal meeting, and reflected upon to help develop their skills, utilising their PDP.

Appraisal is part of the normal corporate activity at YDH. In carrying out this work appraisers are indemnified by YDH unless they have acted with negligence.

